

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 13 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998.		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **481549** (4)
1. Corporation Name
PRODUCT LIABILITY CONSULTANTS, INCORPORATED



Principal Place of Business
**6712-1 NW 18TH DRIVE
P. O. BOX 12141
GAINESVILLE FL 32604-0141**

Mailing Address
**6712-1 NW 18TH DRIVE
P. O. BOX 12141
GAINESVILLE FL 32604-0141**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 5447 Atlantic View Suite, Apt. #, etc. 22 City & State St. Augustine FL Zip 32084		2a. Mailing Address 26 5447 Atlantic View Suite, Apt. #, etc. 27 City & State St. Augustine FL Zip 32084		3. Date Incorporated or Qualified 07/31/1975	
23 St. Augustine FL Country FL		28 St. Augustine FL Country FL		4. FEI Number 59-1618518 Applied For <input type="checkbox"/> Not Applicable	
24 32084		29 32084		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
25 St. Johns		30 St. Johns		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
26 32084		31 32084		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent GOULD, DR ROBERT W 11103 N.W. 11TH AVE. 6712-1 NW 18TH DRIVE (OFFICE) GAINESVILLE FL 32606		10. Name and Address of New Registered Agent 81 Name MARCIA R. GOULD 82 Street Address (P.O. Box Number is Not Acceptable) 5447 Atlantic View 83 City St. Augustine FL 84 Zip Code 32084	
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of Section 607.0503, Florida Statutes.

SIGNATURE *[Signature]* DATE **4-3-98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GOULD, DR. ROBERT W.		1.2 NAME	
STREET ADDRESS 11103 N.W. 11TH AVE.		1.3 STREET ADDRESS	
CITY-ST-ZIP GAINESVILLE FL		1.4 CITY-ST-ZIP	
TITLE S	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GOULD, MARCIA R.		2.2 NAME	MARCIA R GOULD
STREET ADDRESS 11103 N.W. 11TH AVE.		2.3 STREET ADDRESS	5447 Atlantic View
CITY-ST-ZIP GAINESVILLE FL		2.4 CITY-ST-ZIP	St. Augustine FL 32084
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	Bob Gould
STREET ADDRESS		3.3 STREET ADDRESS	5155 Wagon Master
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Colorado Springs, CO 80917
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *[Signature]* DATE **4-3-98** 904 471-9740

CR2E034 (10/97)