

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 492871 (9)

1. Corporation Name
PCP, INC.



Principal Place of Business

Mailing Address

2155 INDIAN ROAD
WEST PALM BEACH FL 33409-3287
US

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WEST PALM BEACH FL 33409-3287
US

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/22/1975		3a. Date of Last Report 04/10/1995	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-1639776		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
23	Zip	28	City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees			
24	Country	29	Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
25	Country	30	Country				

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BURNS, JOHN L.
140 ROYAL PALM WAY
PALM BEACH FL 33480

81	Name	New Address for Burns, John L.	
82	Street Address (P.O. Box Number is Not Acceptable)		
83	City	1400 Centrepark Blvd.	
84	City	West Palm Beach	FL 85 Zip Code 33401

11. Pursuant to the provisions of Sections 607.0502 and 607.508, 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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent, and fee, if applicable.

(NOTE: Registered Agent signature required when constituting)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	Add ZIP
NAME	COHEN, MARTIN	1.2 NAME	
STREET ADDRESS	3814 PASEO NAVARRA	1.3 STREET ADDRESS	West Palm Beach, FL 33405
CITY-ST-ZIP	WEST PALM BEACH FL	1.4 CITY-ST-ZIP	
TITLE	STD	2.1 TITLE	Add ZIP
NAME	WERNLUND, ROGER F.	2.2 NAME	
STREET ADDRESS	2115 LAKE BASS CIRCLE	2.3 STREET ADDRESS	Lake Worth, FL 33461
CITY-ST-ZIP	LAKE WORTH FL	2.4 CITY-ST-ZIP	
TITLE	V	3.1 TITLE	Add ZIP
NAME	WERNLUND, ROGER F.	3.2 NAME	
STREET ADDRESS	2115 LAKE BASS CIRCLE	3.3 STREET ADDRESS	Lake Worth, FL 33461
CITY-ST-ZIP	LAKE WORTH FL	3.4 CITY-ST-ZIP	
TITLE	VD	4.1 TITLE	VD
NAME	LENT, RICHARD W.	4.2 NAME	Lent, Richard W.
STREET ADDRESS	169 MAIN STREET	4.3 STREET ADDRESS	440 Muirfield Drive
CITY-ST-ZIP	NEW PALTZ NY	4.4 CITY-ST-ZIP	Atlantis, FL 33462
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Martin J. Cohen

President, PCP, Inc.

Martin J. Cohen
April 8, 1996

007/683-0507
Daytime Phone

CR2E034 (12/95)