JOEL BERNSTEIN, ESQ., P.A.

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TELEPHONE: 305.892.1122

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305.892.0822

July 23, 1999

Secretary of State Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Re:

Statement of Change of Registered Office or Registered Agent or Both for Corporation for PCP, INC.

Greetings:

Enclosed please find the Statement of Change of Registered Office or Registered Ag for Corporation for the following:

PCP, INC.

Also, please find enclosed our check in the amount of \$35 to cover the fee.

A copy of the Statement along with a stamped self-addressed envelope is enclosed. Please return a copy to us for our files.

Yours very truly,

JOEL BERNSTEIN

JB:jm enc.

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

unaersigne	to the provisions of section 607.0502, 617.0502, 607.1508, or 617.1508, Flowed to the provisions of section 607.0502, 617.0502, 607.1508, or 617.1508, Flowed corporation organized under the laws of the State of Florida. The State of Florida.	orida Statutes, the wing statement in
1. The	he name of the corporation is: PCP, INC.	
2. The	he mailing address of the corporation is: 2155 Indian Road, West Palm Beach	, FL 33409
3. Da	ate of incorporation/qualification: 12/22/75 Document number: 492871	
4. The	ne name and address of the current registered agent and office:	
Pirane	John L. Burns	_
	1400 Centrepark Blvd.	
	West Palm Beach, FL 33401	9
5. The	ne name and address of the new registered agent and office: (P.O. Box Not Acce	ptable)
	Joel Bernstein, Esq.	a m
1	11900 Biscayne Blyd., Suite 604	2 2 D
	Miami, FL 33181	Ti -i
The street as changed	address of its registered office and the street address of the business office of its d, will be identical.	registered agent,
Such chang by the boar	ge was authorized by resolution duly adopted by its board of directors or by an offi	cer so authorized
Mar		/21/99 5/ /99
(Sign	gnature of an officer, chairman or vice chairman of the board)	(Date)
Martin	n J. Cohen, Senior Vice President, PCP, inc.	
	(Printed or typed name and title)	
I hereby ac comply with	en named as registered agent and to accept service of process for the above sta accept the appointment as registered agent and agree to act in this capacity. If the provisions of all statutes relating to the proper and complete performance iar with and accept the obligations of my position as registered agent.	further agree to
(Sign	gnature of Registered Agent) (D	Pate)
If signing o	on behalf of an entity:	

* * * FILING FEE: \$35.00 * * *

(Typed or Printed Name)

(Capacity)