

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

FILED

**May 19 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 530788 (9)

1. Corporation Name
PCR-PUERTO RICO, INCORPORATED



Principal Place of Business AIRPORT INDUSTRIAL PARK 4404 NE 53RD RD GAINESVILLE FL 32609 US	Mailing Address 4414 NE 53 RD ATTN: TED DRURY GAINESVILLE FL 86210 US
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DO NOT WRITE IN THIS SPACE

21. Principal Place of Business Suite, Apt. #, etc.	22. City & State	23. Zip	24. Country	25. Country	26. Mailing Address P.O. Box 1466	27. Suite, Apt. #, etc.	28. City & State Gainesville, FL	29. Zip 32602	30. Country
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3. Date Incorporated or Qualified 04/04/1977	4. FEI Number 66-0353903	Applied For <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

g. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	10. Name and Address of New Registered Agent 81. Name 82. Street Address (P.O. Box Number is Not Acceptable) 83. 84. City 85. Zip Code FL
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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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MADDOX, DAVID N	1.2 NAME	
STREET ADDRESS	RUDRY RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	LISVANE CARDIFF WA	1.4 CITY-ST-ZIP	
TITLE	S	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TWIGGS, CREIGHTON F	2.2 NAME	
STREET ADDRESS	LABUNRNUMCOTTAGE WARRINGTON RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	MICKLE TRAFFORD CH	2.4 CITY-ST-ZIP	
TITLE	V	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLUM, FRED	3.2 NAME	
STREET ADDRESS	4404 NE 53 RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL	3.4 CITY-ST-ZIP	
TITLE	V	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAULON, KEITH Baucom, Keith	4.2 NAME	
STREET ADDRESS	4404 NE 53 RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL	4.4 CITY-ST-ZIP	
TITLE	V	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRAMZAR, GARY R	5.2 NAME	
STREET ADDRESS	801 DILWORTH FARM LN	5.3 STREET ADDRESS	
CITY-ST-ZIP	WEST CHESTER PA	5.4 CITY-ST-ZIP	
TITLE	AS	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REIGEL, ERNEST W	6.2 NAME	
STREET ADDRESS	100 N TYRON ST, FL 47	6.3 STREET ADDRESS	
CITY-ST-ZIP	CHARLOTTE NC	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(9)(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.

CR2E034 (10/97)