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Mar 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 718961 (6)
 1. Corporation Name
PACERS, INC.



Principal Place of Business P.O. BOX 3624 TEQUESTA FL 33469 US	Mailing Address P.O. BOX 3624 TEQUESTA FL 33469 US
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3. Date Incorporated or Qualified 08/05/1970
4. FEI Number 23-7182961
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
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
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

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent TUCCARONE, ROSINA M. 9480 SE LITTLE CLUB WAY NORTH TEQUESTA FL 33469
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10. Name and Address of New Registered Agent 81 Name Emma Krynicki 82 Street Address (P.O. Box Number is Not Acceptable) 461 Sunrise Way 83 No. Palm Beach, Fl. 33408 84 City FL 85 Zip Code 33408

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *Emma Krynicki* 1-21-98
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	D GRENNAN, JOHN
STREET ADDRESS	710 DOUGLAS DRIVE
CITY-ST-ZIP	JUPITER FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	T TUCCARONE, ROSINA M.
STREET ADDRESS	9480 SE LITTLE CLUB WAY NORTH
CITY-ST-ZIP	TEQUESTA FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	P CAHEN, LORETTA
STREET ADDRESS	159 BEACH SUMMIT COURT
CITY-ST-ZIP	JUPITER FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	D PIERCE, BETTY
STREET ADDRESS	350 VENUS AVE
CITY-ST-ZIP	TEQUESTA FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	D COADY, ARLEEN
STREET ADDRESS	12485 182ND ROAD NORTH
CITY-ST-ZIP	JUPITER FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	V KRYNICKI, EMMA
STREET ADDRESS	461 SUNRISE WAY
CITY-ST-ZIP	N PALM BEACH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	D John Grennan
1.3 STREET ADDRESS	710 Douglas Drive
1.4 CITY-ST-ZIP	Jupiter, Fl. 33458
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Treas. Emma Krynicki
2.3 STREET ADDRESS	461 Sunrise Way
2.4 CITY-ST-ZIP	No. Palm Beach, Fl. 33408
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Pres. Ruth Hough
3.3 STREET ADDRESS	3 Garden St. 208-K
3.4 CITY-ST-ZIP	Tequesta, Fl. 33469
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Sec/ Norma Rabe
4.3 STREET ADDRESS	2060 N Waterway Dr.
4.4 CITY-ST-ZIP	Juno Beach, Fl. 33408
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	D Rita O'Donnell
5.3 STREET ADDRESS	#1 Garden St.
5.4 CITY-ST-ZIP	Tequesta, Fl. 33469
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	VP Alice Pearsall
6.3 STREET ADDRESS	400 N.A1A #26
6.4 CITY-ST-ZIP	Jupiter, Fl. 33477

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *John P Grennan Emma Krynicki* 1-21-98 561-626-7181

CP2E037 (10/97)