

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Apr 23 1997 8:00am
Secretary of State

DOCUMENT # F96000005817 (9)

1. Corporation Name

PALMER PCS CO.



Principal Place of Business

12800 UNIVERSITY BLVD., SUITE 500
FORT MYERS FL 33907-5333

Mailing Address

12800 UNIVERSITY BLVD., SUITE 500
FORT MYERS FL 33907-5337

3. Date Incorporated or Qualified

11/07/1996

3a. Date of Last Report

2. Principal Place of Business

21

Suite, Apt. #, etc.

2a. Mailing Address

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number Is Not Acceptable)

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PCOO	<input type="checkbox"/> DELETE
NAME	RYAN, WILLIAM J	
STREET ADDRESS	12800 UNIVERSITY BLVD., SUITE 500	
CITY - ST - ZIP	FT. MYERS FL 33907-5333	
TITLE	EVD	<input type="checkbox"/> DELETE
NAME	ENGELHARDT, ROBERT G	
STREET ADDRESS	12800 UNIVERSITY BLVD., SUITE 500	
CITY - ST - ZIP	FT. MYERS FL 33907-5333	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	WISEHART, M W	
STREET ADDRESS	12800 UNIVERSITY BLVD., SUITE 500	
CITY - ST - ZIP	FORT MYERS FL 33907-5333	
TITLE	V	<input type="checkbox"/> DELETE
NAME	HENSEN, LEON J	
STREET ADDRESS	12800 UNIVERSITY BLVD., SUITE 500	
CITY - ST - ZIP	FORT MYERS FL 33907-5333	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	MEEHAN, K P	
STREET ADDRESS	12800 UNIVERSITY BLVD., SUITE 500	
CITY - ST - ZIP	FORT MYERS FL 33907-5333	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MCCLOSKEY, BONNIE P	
STREET ADDRESS	12800 UNIVERSITY BLVD., SUITE 500	
CITY - ST - ZIP	FORT MYERS FL 33907-5333	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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: *Robert G Engelhardt* Robert G Engelhardt

4-9-97

741-433-8212

CR2E034 (9/96)