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

**PROFIT** 

officer or director of the corporation or the r Block 12 or Block 13 if changed, or on an

Apr 27 1998 8:00am CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 **DIVISION OF CORPORATIONS** DOCUMENT # H49112 (6) PCS ENTERPRISES, INC. Principal Place of Business Mailing Address 594 BALLOUGH RD 594 BALLOUGH RD. DAYTONA BEACH FL 32114 DAYTONA BEACH FL 32114 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/25/1985 2, Principal Place of Business 2a, Mailing Address 4. FEI Number Applied For 21 26 59-2527709 Not Applicable Suite, Apt. #. etc Suite, Apt. #, etc. \$8.75 Additional  $\Box$ 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23  $\Box$ 28 Trust Fund Contribution Added to Fees Zip Country Ζıp Country This corporation owes or has paid the current year Intangible 24 25 30 Personal Property Tax due June 30. 🔀 Yes □ No g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name FRAZER, ROBERT D. 2090 S. NOVA RD Street Address (P.O. Box Number is Not Acceptable) STE. AA05 **SOUTH DAYTONA FL 32119** 83 84 City 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 little if apply able. (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE 1.1 TITLE Change FOSTER, TONY R. NAME 1.2 NAME CRZEGG 930 SANCREST DR. STREET ADDRESS 1.3 STREET ADDRESS PORT ORANGE FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE 21 TITLE Change \_\_\_ Addition FOSTER, CYNTHIA L. NAME 22 NAME 930 SANCREST DR. STREET ADDRESS 23 STREET ADDRESS PORT ORANGE FL CITY-ST-ZIP 2.4 CITY-ST-ZIP TITLE DELETE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP TITLE T DELETE 4.1 TITLE Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE Addition 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE 61 TIELE Change Addition NAME 6.2 NAME STREET ADORESS 6.3 STREET ADDRESS City-St-ZIP 6.4 CITY - ST - ZIP 14. I hereby certify that the information supplied with indicated on this annual report or supplied with s filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information ual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an intrustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in with an address.

FLORIDA DEPARTMENT OF STATE

**FILED**