

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **J62641 (2)**
1. Corporation Name
PCR, INC.

FILED
May 01, 1996 08:00 A
Secretary of State



Principal Place of Business: **8570 PHILLIPS HWY. STE 101 JACKSONVILLE FL 32256-8273**
Mailing Address: **8570 PHILLIPS HWY. STE 101 JACKSONVILLE FL 32256-8273**

3. Date Incorporated or Qualified: **03/19/1987**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business: **21**
2a. Mailing Address: **26** *8300 College Blvd*
Suite, Apt. #, etc.: **27** *Attn: Tax Dept*
City & State: **28** *Overland Park, KS*
Zip: **29** *66210* Country: **30** *USA*

4. FEI Number: **59-2806216**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
1200 SOUTH 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 **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: _____ DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	C	<input checked="" type="checkbox"/> DELETE
NAME	HARRIS, D. GEORGE	
STREET ADDRESS	8570 PHILLIPS HWY #101	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	DONAHUE, RICHARD J.	
STREET ADDRESS	8570 PHILLIPS HWY #101	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	WOTIZ, ARTHUR	
STREET ADDRESS	8570 PHILLIPS HWY #101	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	LESTER, ROBERT M.	
STREET ADDRESS	8570 PHILLIPS HWY #101	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	KILPATRICK, DONALD G.	
STREET ADDRESS	8570 PHILLIPS HWY #101	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	NICK, RICHARD J.	
STREET ADDRESS	8570 PHILLIPS HWY #101	
CITY-ST-ZIP	JACKSONVILLE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	Vice Pres. & Chief Financial Officer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2. NAME	Emanuel J. DiTeresi	
3. STREET ADDRESS	399 Park Ave, 32nd floor	
4. CITY-ST-ZIP	New York, NY 10022	
2. TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	399 Park Ave, 32nd floor	
23. STREET ADDRESS	New York, NY 10022	
24. CITY-ST-ZIP		
3. TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	Jacksonville, FL 32256	
33. STREET ADDRESS		
34. CITY-ST-ZIP		
4. TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME		
43. STREET ADDRESS		
44. CITY-ST-ZIP		
5. TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME	399 Park Ave, 32nd floor	
53. STREET ADDRESS	New York, NY 10022	
54. CITY-ST-ZIP		
6. TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME	399 Park Ave, 32nd floor	
63. STREET ADDRESS	New York, NY 10022	
64. CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Philip M Burright* **Philip M Burright** 4/15/96 (913) 344-9246
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)