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FILED
May 09 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

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



Principal Place of Business
8570 PHILLIPS HWY.
STE 101
JACKSONVILLE FL 32256-8273

Mailing Address
8300 COLLEGE BLVD
ATTN: TAX DEPT
OVERLAND PARK FL 66210-1841
US

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 1404 NE 53rd Rd		26 P.O. Box 1466		03/19/1987		05/01/1996	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number		Applied For	
23 Gainesville, FL		28 Gainesville, FL		59-2806216		Not Applicable	
24 32609		25 USA		5. Certificate of Status Desired		8.75 Additional Fee Required	
26 32602-1466		27 USA		6. Election Campaign Financing Trust Fund Contribution		5.00 May Be Added to Fees	
28 32602-1466		29 USA		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		Yes No	

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VCEO	1.1 TITLE	President
NAME	DITERSI, EMANUEL	1.2 NAME	David Norman Maddox
STREET ADDRESS	399 PARK AVENUE 32ND FLOOR	1.3 STREET ADDRESS	Rudny Rd.
CITY-STATE-ZIP	NEW YORK NY	1.4 CITY-STATE-ZIP	Llswane, Cardiff CF4 5SN Wales
TITLE	VP	2.1 TITLE	Secretary
NAME	DONAHUE, RICHARD J.	2.2 NAME	Cretighton P. Twigg
STREET ADDRESS	8570 PHILLIPS HWY #101	2.3 STREET ADDRESS	"haburnum Cottage" Warrington Road
CITY-STATE-ZIP	JACKSONVILLE FL	2.4 CITY-STATE-ZIP	Mickle Trafford, Cheshire CH2 4EA England
TITLE	P	3.1 TITLE	Vice President
NAME	WOTIZ, ARTHUR	3.2 NAME	Fred Blum
STREET ADDRESS	8570 PHILLIPS HWY #101	3.3 STREET ADDRESS	4404 NE 53rd Rd
CITY-STATE-ZIP	GAINESVILLE FL	3.4 CITY-STATE-ZIP	Gainesville, FL 32609
TITLE	VP	4.1 TITLE	Vice President
NAME	LESTER, ROBERT M.	4.2 NAME	Keith Dalcom
STREET ADDRESS	8570 PHILLIPS HWY #101	4.3 STREET ADDRESS	4404 NE 53rd Rd
CITY-STATE-ZIP	JACKSONVILLE FL	4.4 CITY-STATE-ZIP	Gainesville, FL 32609
TITLE	S	5.1 TITLE	Vice President
NAME	KILPATRICK, DONALD G.	5.2 NAME	Gary R. Kramzar
STREET ADDRESS	8570 PHILLIPS HWY #101	5.3 STREET ADDRESS	501 Dilworth Farm Lane
CITY-STATE-ZIP	JACKSONVILLE FL	5.4 CITY-STATE-ZIP	West Chester, PA 19382
TITLE	T	6.1 TITLE	Assistant Secretary
NAME	NICK, RICHARD J.	6.2 NAME	Ernest W. Keigel
STREET ADDRESS	8570 PHILLIPS HWY #101	6.3 STREET ADDRESS	100 North Tyron St, Floor 47
CITY-STATE-ZIP	JACKSONVILLE FL	6.4 CITY-STATE-ZIP	Charlotte, NC 28202-4003

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: *Fred Blum* 4/23/97 352 376 8246
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #