

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

FILED
May 19 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # J62641 (2)
 1. Corporation Name
PCR, INC.



Principal Place of Business 4404 NE 53RD RD. GAINESVILLE FL 32609 US	Mailing Address P.O. BOX 1466 ATTN: TED DRURY GAINESVILLE FL 32602-1466 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
03/19/1987

21. Principal Place of Business Suite, Apt. #, etc.	22. Mailing Address Suite, Apt. #, etc.
23. City & State Zip Country	24. Mailing Address City & State Zip Country

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 owes or has paid the current year Intangible Personal Property Tax due June 30. 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
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	
TITLE	P <input type="checkbox"/> DELETE
NAME	MADDOX, DAVID N.
STREET ADDRESS	RUDRY RD., LISVANE CA
CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE
NAME	TWIGGS, CREIGHTON F.
STREET ADDRESS	LABRUNUM COTTAGE WARRINGTON RD. MICKLE TRAFFORD CH
CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE
NAME	BLUM, FRED
STREET ADDRESS	4404 NE 53RD RD. GAINESVILLE FL
CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE
NAME	BAUCOM, KEITH
STREET ADDRESS	4404 NE 53RD RD. GAINESVILLE FL
CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE
NAME	KRAMZAR, GARY R.
STREET ADDRESS	501 DILWORTH FARM LANE WEST CHESTER PA
CITY-ST-ZIP	
TITLE	AS <input type="checkbox"/> DELETE
NAME	REIGEL, ERNEST W.
STREET ADDRESS	100 NORTH TYRON ST., FLOOR 47 CHARLOTTE NC
CITY-ST-ZIP	

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 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 *[Signature]* **5/16/98**

CR2E034 (10/97)