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Mar 03 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # N96000003962 (5)

1. Corporation Name  
PBCOGS, INC.



Principal Place of Business  
2611 POINSETTIA AVENUE  
W PALM BEACH FL 33407

Mailing Address  
2611 POINSETTIA AVENUE  
W PALM BEACH FL 33407-5919

3. Date Incorporated or Qualified 07/29/1996 3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

4. FEI Number 65-0682960 Applied For Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired \$8.75 Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

23 Zip

Country

28 Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CORPORATE CREATIONS ENTERPRISES, INC.  
4521 PGA BLVD.  
#211  
PALM BEACH GARDENS FL 33418

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D BONE, MELANIE K DELETE  
NAME  
STREET ADDRESS % 2611 POINSETTIA AVE.  
CITY-ST-ZIP W PALM BEACH FL 33407

11 TITLE Change Addition  
12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIP

TITLE D JONES, DEBRA DELETE  
NAME  
STREET ADDRESS % 2611 POINSETTIA AVE.  
CITY-ST-ZIP W PALM BEACH FL 33407

21 TITLE Change Addition  
22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP

TITLE D LEDERMAN, SAMUEL DELETE  
NAME  
STREET ADDRESS % 2611 POINSETTIA AVE.  
CITY-ST-ZIP W PALM BEACH FL 33407

31 TITLE Change Addition  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

TITLE D ANDERSON, LOUIS DELETE  
NAME  
STREET ADDRESS % 2611 POINSETTIA AVE.  
CITY-ST-ZIP W PALM BEACH FL 33407

41 TITLE Change Addition  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

TITLE DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

51 TITLE Change Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

TITLE DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

61 TITLE Change Addition  
62 NAME  
63 STREET ADDRESS  
64 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Sandra B. Mortham*

2/19/97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone # 0040245

CR2E037 (9/96)