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

· PROFIT **CORPORATION ANNUAL REPORT**

1997

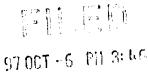


FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000014698 (3)
PCR INVESTMENTS, INC.



SECREMANT OF STATE TALLAHASSES, FLORIDA



		,							TABLERAL FOR UNION UNION WATER AND THE STREET			1 1 (11 1) (111)	
.,													
Principal Plac			~	Mailing Address					4 19911991 119 TOIDD 11111 9911 9911E 991E	MAKAN MANIN T	(B(B B(lif 18)) i (((196	
853 BUENAVEN KISSIMMEE FL				1629 WOODBAY CT KISSIMMEE FL 34744-4063									
US			MOOIMMEL	1 - 01/11 1000	,								
									3. Date incorporated or Qualified 02/19/1993		te of Last I 7/1996	Report	
2. Principal P	lace of Busi	ness	2a. Mailing	2a. Mailing Address					4. FEI Number		A	pplied For	
21			26						59-3169326			ot Applicable	
Suite, Apt.	#, etc.			Suite, Apt. #, etc.					5. Certificate of Status Desired		*	Additionat legulred	
City & State	θ			City & State					6. Election Campaign Financing			May Be	
23			}n	28					Trust Fund Contribution			to Fees	
Zip	Zip Country		Zφ					8. This corporation has liability for intangible tax under s. 199.032,					
24		25	29		30	,				Yes [
		and Address of Cu	rrent Registered Ag	jent					10. Name and Address of New Re	gistered A	gent		
	rkings, p					81	Name						
1629 WOODBAY CT KISSIMMEE FL 34744							Street	Addres	ss (P.O. Box Number is Not Acceptable)				
:						83							
						84	City				85 Zip	Code	
44 5		10	5-5-5-1 1 T	· · · · · · · · · · · · · · · · · ·		Ш				FL		Ţ	
office or r	to the provis egistered aç	gent, or both, in the S	0502 and 607.1508, tate of Florida, Such	change was	ies, the a authorizo	bove d by	e-named the cor	a corpor poration	ation submits this statement for the p a's board of directors. I hereby accep	urpose of t the appo	changing sintment as	its registered s registered	
agent la	ım famllıar w	ith, and accept the ol	bligations of, Section	i 607.0505, Fi	orida Stai	tutes	S.					-	
SIGNATURE	Signalure typed	or profed name of registers	i aceut and title it sont cat k		F. Roo Store	d Age	nt sionature	e required:	when reinstating)	DATE			
12.	Signator : Types		AND DIRECTORS	. (1857)	13.	a > 19t	THE GREAT COLOR	e required	ADDITIONS/CHANGES TO OFFIC		DIRECTO	RS IN 12	
TITLE	DP			DELETE	1.1 1)	TLF		Ĭ			Change	Add:tion	
NAME		GS, PETER			1.2 N	AME			Accoco	100	നമ്പ	1	
STREET ADDRESS		ODBAY CT.			1 3 S1	TREFT	address		4000023 -10/10/5	1701)	N11 T	
CITY-ST-ZIP		EE FL 34744			1 4 Ct	ITY-SI	T - ZIP	<u> </u>	*****55[arana arang	Addition	
TITLE	D\$ CTADVIN	OC CADOLVA	İ	DELETE	211	TLE			- 1 V Tomi fagi Tau		LL Change	Addition	
NAME		GS, CAROLYN ODBAY CT.			22 N					24.5			
STREET ADDRESS		EE FL 34744			•		ADDRESS						
CITY-ST-ZIP TITLE	Mulicon	LL IL 17/74	-	DELETE			1-7IP	 			Chanas	Adding	
NAME			ι) OLLETE	3.1 Ti						Change	☐ Addition	
STREET ADDRESS					3.2 N/		ADDRESS						
TY-ST-ZIP					3.4. C								
TILE			·	DELETE	4.1 Tr		11 * £ 15"	 -			Change	Addition	
NUME			`		4.2 N								
STREET ADDRESS							ADDRESS						
CITY-ST-ZIP					4 4 Cl								
TITLE				DELETE	51 T/						Change	Addition	
NAME					5 2 N/	AME						ŀ	
STREET ADDRESS					5.3 \$1	REFT	ADDRESS			W		\triangle	
CITY-ST-ZIP					5.4 CI	TY-ST	- Z(F'				1	<u> </u>	
TITLE				DELFTE	6.1 11	ΙĖ				V		Addition	
NAME					6.2 NA	AME				_ /,	ND		
STREET ADDRESS			LAN'		6.3 \$1	REET	ADDRESS			,	U		
CITY-ST-ZIP		_	11110		6.4 CI	TY - ST	1-71F	1			~		

14. I do hereby certify that the information supply in the 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 of the polynomental 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 objective of the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 it that an officer or an attachment with an address.