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 # **P94000005572 (0)**

1. Corporation Name
PCI CONSULTANTS, INC.

Principal Place of Business
5471 LAKE HOWELL RD #108
WINTER PARK FL 32792
US

Mailing Address
5471 LAKE HOWELL RD
108
ST AUGUSTINE FL 32792
US

3. Date Incorporated or Qualified: 01/24/1994
3a. Date of Last Report: 03/16/1995

4. FEI Number: 59-3223857 [ ] 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. [X] Yes [ ] No

2. Principal Place of Business
21 5415 Lake Howell RD #108
Suite, Apt. #, etc.
22
City & State
23 Winter Park, FL
Zip 24 32792 Country 25 USA

2a. Mailing Address
26 5415 Lake Howell RD #108
Suite, Apt. #, etc.
27
City & State
28 Winter Park, FL
Zip 29 32792 Country 30 USA

9. Name and Address of Current Registered Agent
JONES, PEGGY A
680 OLD HORATIO AVE
MAITLAND FL 32751

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 Signature (Type or Print Name of Person Signing) (Type or Print Name of Person Signing in Capacity of Officer) DATE

12. OFFICERS AND DIRECTORS

TITLE	DPVS	[ ] DELETE
NAME	JONES, PEGGY A	
STREET ADDRESS	680 OLD HORATIO AVE	
CITY-ST-ZIP	MAITLAND FL 32751	
TITLE	AVST	[X] DELETE
NAME	JONES, PEGGY A	
STREET ADDRESS	680 OLD HORATIO AVE	
CITY-ST-ZIP	MAITLAND FL 32751	
TITLE	ASAT	[X] DELETE
NAME	JONES, PEGGY A	
STREET ADDRESS	680 OLD HORATIO AVE	
CITY-ST-ZIP	MAITLAND FL 32751	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/T/S/D	[X] Change [ ] Addition
1.2 NAME	Jones, Peggy A.	
1.3 STREET ADDRESS	680 Old Horatio Ave.	
1.4 CITY-ST-ZIP	Maitland, FL 32751	
2.1 TITLE	V	[ ] Change [X] Addition
2.2 NAME	Teresa L. Tobin	
2.3 STREET ADDRESS	438 Turnstone Way	
2.4 CITY-ST-ZIP	Orlando, FL 32828	
3.1 TITLE		[ ] Change [ ] Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		[ ] Change [ ] Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		[ ] Change [ ] Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		[ ] Change [ ] Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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: /Peggy A. Jones 04/01/96 407-834-5105
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #