SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

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

FILED
1995 JUL 25 AM 9:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000012170 (4)**

1. Corporation Name
PCI CORPORATE ASSOC., INC.

Principal Place of Business	Mailing Address
1340 US HWY 1 SUITE 102 JUPITER FL 33169	1340 US HWY 1 SUITE 102 JUPITER FL 33169

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/10/1994
3a. Date of Last Report:

2. Principal Place of Business (21) / Suite, Apt. #, etc. (22) / City & State (23) / Zip (24) / Country (25)

2a. Mailing Address (26) / Suite, Apt. #, etc. (27) / City & State (28) / Zip (29) / Country (30)

4. FEI Number: 65-0473717 ☐ 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* ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

PAPPALARDO, VINCENT J
4400 PGA BOULEVARD
SUITE 800
PALM BEACH GARDENS FL 33410

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 1340 US HWY #1
83 SUITE 102
84 City: JUPITER **FL** 85 Zip Code: 33469

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS		
TITLE	D	11 TITLE	P,D	☒ Change ☐ Addition
NAME	PAPPALARDO, VINCENT J	12 NAME		
STREET ADDRESS	4400 PGA BOULEVARD, SUITE 800	13 STREET ADDRESS	1340 US HWY #1, SUITE 102	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	14 CITY-ST-ZIP	JUPITER, FL 33469	
TITLE		21 TITLE	VP	☐ Change ☒ Addition
NAME		22 NAME	ANN MARIE PAPPALARDO	
STREET ADDRESS		23 STREET ADDRESS	519 E. 75TH STREET #2A	
CITY-ST-ZIP		24 CITY-ST-ZIP	NEW YORK NY 10055-0186	
TITLE		31 TITLE	S,T	☐ Change ☒ Addition
NAME		32 NAME	LINDA M DE COURSEY	
STREET ADDRESS		33 STREET ADDRESS	10815 164TH RD NO	
CITY-ST-ZIP		34 CITY-ST-ZIP	JUPITER FL 33478	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

CR2E034 (3/95)

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)(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: Vincent J. Pappalardo 7/20/95 1-407-745-0445
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0006060 CP