

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

FILED

Jan 30 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000021725 (4)

1. Corporation Name
PCS-ORLANDO, INC.

Principal Place of Business

3885 OAKWATER CIRCLE
ORLANDO FL 32806
US

Mailing Address

3885 OAKWATER CIRCLE
ORLANDO FL 32806-6264
US



2. Principal Place of Business

21 Suite, Apt #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

03/14/1994

3a. Date of Last Report

01/31/1996

4. FEI Number

59-3231639

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

HOLT, SHAMUS M
3885 OAKWATER CIRCLE
ORLANDO FL 32806

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	TD	<input type="checkbox"/> DELETE
NAME	CAPPELMAN, JOHN	
STREET ADDRESS	3885 OAKWATER CR	
CITY-ST-ZIP	ORLANDO FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	BICKERTON, JOHN	
STREET ADDRESS	3885 OAKWATER CR	
CITY-ST-ZIP	ORLANDO FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	KIVETT, GERALD	
STREET ADDRESS	3885 OAKWATER CR	
CITY-ST-ZIP	ORLANDO FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	KIVCH, GERALD	
STREET ADDRESS	3885 OAKWATER CR	
CITY-ST-ZIP	ORLANDO FL	
TITLE	ATD	<input type="checkbox"/> DELETE
NAME	WILKER, JOHN	
STREET ADDRESS	3885 OAKWATER CR	
CITY-ST-ZIP	ORLANDO FL	
TITLE	ASP	<input checked="" type="checkbox"/> DELETE
NAME	CILBRITH, DAVID	
STREET ADDRESS	3885 OAKWATER CR	
CITY-ST-ZIP	ORLANDO FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	Holt, Shamus	
13 STREET ADDRESS	3885 Oakwater Circle	
14 CITY-ST-ZIP	Orlando FL 32806	
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/21/97 407-438-9509

CR2E034 (9/96)