


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Aug 25 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 # P94000037437 (8)					
1. Corporation Name PCA HOMESTEAD, INC.					
Principal Place of Business 6101 BLUE LAGOON DRIVE 450 MIAMI FL 33126 US			Mailing Address 5835 BLUE LAGOON DR. MIAMI FL 33126		
2. Principal Place of Business		2a. Mailing Address		DO NOT WRITE IN THIS SPACE	
21 Suite, Apt. #, etc.		26 6101 Blue Lagoon Dr.		3. Date Incorporated or Qualified 05/18/1994	
22 City & State		27 Suite 450		3a. Date of Last Report 07/12/1996	
23 Zip		28 Miami, FL		4. FEI Number 65-0495042	
24 Country		29 33126		Applied For Not Applicable	
25		30 USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
9. Name and Address of Current Registered Agent MENENDEZ, JOSE M 5835 BLUE LAGOON DR. MIAMI FL 33126				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. Name and Address of New Registered Agent				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
81 Name				82 Street Address (P.O. Box Number is Not Acceptable) 6101 Blue Lagoon Drive	
83				84 City Suite 450	
85 Zip Code FL 33126					
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	D	<input type="checkbox"/> DELETE	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
NAME	KARDATZKE, E. STANLEY		1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	5835 BLUE LAGOON DR.		1.2 NAME		
CITY-ST-ZIP	MIAMI FL 33126		1.3 STREET ADDRESS	6101 Blue Lagoon Drive	
			1.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KILISSANLY, PETER E		2.2 NAME		
STREET ADDRESS	5835 BLUE LAGOON DR.		2.3 STREET ADDRESS	6101 Blue Lagoon Drive	
CITY-ST-ZIP	MIAMI FL 33126		2.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DONNELLY, CLIFFORD W		3.2 NAME		
STREET ADDRESS	5835 BLUE LAGOON DR.		3.3 STREET ADDRESS	6101 Blue Lagoon Drive	
CITY-ST-ZIP	MIAMI FL 33126		3.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JOHNSON, GLEN R		4.2 NAME		
STREET ADDRESS	5835 BLUE LAGOON DR.		4.3 STREET ADDRESS	6101 Blue Lagoon Drive	
CITY-ST-ZIP	MIAMI FL 33126		4.4 CITY-ST-ZIP		
TITLE	P	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MAJOR, JOHN E		5.2 NAME		
STREET ADDRESS	5835 BLUE LAGOON DR		5.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		5.4 CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HAGERMAN, JOHN		6.2 NAME		
STREET ADDRESS	5835 BLUE LAGOON DR		6.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		6.4 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]

[Signature]

CR2E034 (4/97)