

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 20 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P94000047314 (7)**

1. Corporation Name

PCA MILITARY PROGRAMS, INC.

Principal Place of Business

Mailing Address

**5820 BLUE LAGOON DRIVE
SUITE 200
MIAMI FL 33126
US**

**5820 BLUE LAGOON DRIVE
SUITE 200
MIAMI FL 33126
US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 6101 Blue Lagoon Dr.	26 6101 Blue Lagoon Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 Suite 450	27 Suite 450
City & State	City & State
23 Miami, FL	28 Miami, FL
Zip	Zip
24 33126	29 33126
Country	Country
25	30

3. Date Incorporated or Qualified 06/24/1994	3a. Date of Last Report 07/12/1996
4. FEI Number 65-0500631	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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	

9. Name and Address of Current Registered Agent	
MENENDEZ, JOSE M 5835 BLUE LAGOON DR. MIAMI FL 33126	

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	6101 Blue Lagoon Drive
83 Suite	Suite 450
84 City	Miami
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 re-instating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KARDATZKE, E. STANLEY	1.2 NAME	
STREET ADDRESS	5835 BLUE LAGOON DR.	1.3 STREET ADDRESS	6101 Blue Lagoon Dr., Suite 450
CITY-ST-ZIP	MIAMI FL 33126	1.4 CITY-ST-ZIP	Miami, FL 33126
TITLE	D	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 Dr., Suite 450
CITY-ST-ZIP	MIAMI FL 33126	2.4 CITY-ST-ZIP	Miami, FL 33126
TITLE	D	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 Dr., Suite 450
CITY-ST-ZIP	MIAMI FL 33126	3.4 CITY-ST-ZIP	Miami, FL 33126
TITLE	D	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 Dr., Suite 450
CITY-ST-ZIP	MIAMI FL 33126	4.4 CITY-ST-ZIP	Miami, FL 33126
TITLE	P	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	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 76	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: **JOHN E. MAJOR**

305-265-2920

CR2E034 (4/97)