

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000073193 (2)
1. Corporation Name

PHYSICAL CAPABILITY CONSULTANTS, INC.



Principal Place of Business: 5728 MAJOR BLVD., #318 ORLANDO FL 32819
Mailing Address: 5728 MAJOR BLVD., #318 ORLANDO FL 32819

3. Date Incorporated or Qualified: 10/03/1994
3a. Date of Last Report: 03/06/1995

21. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
22. Suite, Apt. #, etc.	26. 5728 MAJOR Blvd	59-3278799	Not Applicable
23. City & State	27. Suite 316	5. Certificate of Status Desired	\$8.75 Additional Fee Required
24. Zip	28. Orlando, FL	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
25. Country	29. 32819	30. Country USA	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BACHALO-FISHER, CINDY 5728 MAJOR BLVD., #318 ORLANDO FL 32819	81. Name: Anita B. Rothard 82. Street Address (P.O. Box Number is Not Acceptable): 5728 MAJOR BLVD # 83. Suite 316 84. City: ORLANDO FL 85. Zip Code: 32819

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, Sections 607.0502, Florida Statutes.

SIGNATURE: *Sandra B. Mortham* DATE: 7-24-96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: P	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: BACHALO-FISHER, CINDY		1.2 NAME	
STREET ADDRESS: 5728 MAJOR BLVD., #318		1.3 STREET ADDRESS	
CITY-ST-ZIP: ORLANDO FL		1.4 CITY-ST-ZIP	
TITLE: S	<input type="checkbox"/> DELETE	2.1 TITLE: Anita Rothard	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: ROTHARD, ANITA		2.2 NAME	
STREET ADDRESS: 5728 MAJOR BLVD., #318		2.3 STREET ADDRESS: 5728 MAJOR #316 P. S. T.	
CITY-ST-ZIP: ORLANDO FL		2.4 CITY-ST-ZIP: ORLANDO, FL 32819	
TITLE:	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		3.2 NAME	
STREET ADDRESS:		3.3 STREET ADDRESS	
CITY-ST-ZIP:		3.4 CITY-ST-ZIP	
TITLE:	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		4.2 NAME	
STREET ADDRESS:		4.3 STREET ADDRESS	
CITY-ST-ZIP:		4.4 CITY-ST-ZIP	
TITLE:	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		5.2 NAME	
STREET ADDRESS:		5.3 STREET ADDRESS	
CITY-ST-ZIP:		5.4 CITY-ST-ZIP	
TITLE:	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		6.2 NAME	
STREET ADDRESS:		6.3 STREET ADDRESS	
CITY-ST-ZIP:		6.4 CITY-ST-ZIP	

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 617, Florida Statutes and that my name appears in Block 12 or Block 13 changed, or on an attachment with an address.

SIGNATURE: *Sandra B. Mortham* DATE: 7-24-96 (407) 345-9835