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**May 13 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 # P95000014423 (4)

1. Corporation Name
PC FINANCIAL GROUP, INC.



Principal Place of Business
**210 SOUTH PINELLAS AVE., STE. 171
TARPON SPRINGS FL 34689**

Mailing Address
**5915 MEMORIAL HWY.
STE. M
TAMPA FL 33615-5008**

3. Date Incorporated or Qualified **02/21/1995** 3a. Date of Last Report **09/25/1996**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 **103 Waterberry Dr.**

22 City & State

27 City & State
Tarpon Springs, FL

23 Zip Country

28 Zip Country
34689 Pinellas

4. FEI Number **59-3296879** 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

10. Name and Address of New Registered Agent

**CANTANESE, PETER L
788 CRESTRIDGE DR.
TARPON SPRINGS FL 34689**

81 Name **CATANESC, PETER L**
82 Street Address (P.O. Box Number is Not Acceptable) **103 Waterberry Dr**
83
84 City **Tarpon Springs FL** 85 Zip Code **34689**

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 fee if applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DELETE
NAME **P CATANESE, PETER L**
STREET ADDRESS **788 CRESTRIDGE DR.**
CITY-ST-ZIP **TARPON SPRINGS FL 34689**

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS **103 Waterberry Dr.**
1.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE Change Addition
2.2 NAME **VP CATANCESC, ANN M.**
2.3 STREET ADDRESS **103 Waterberry Dr.,**
2.4 CITY-ST-ZIP **Tarpon Springs, FL 34689**

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
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:

[Handwritten Signature]

CR2E034 (9/96)