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

PROFIT / CORPORATION ANNUAL REPORT 1999



PLORIDA DEPARTMENT OF STATE Katherine Harris

> Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

P95000046541

PNC, Inc.

Principal Place of Business

Mailing Address

2475 - 10 McMullen Booth Rd. Clearwater, FL 34619

13910 N. Dale Mabry Suite 1

FILED 99 FEB 10 AM 11: 03

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

	tampa, ri 33						3. Date Incorporated or Qualifed 6/15/95			
2.	Principal Place of Business		2a. Maifing Address				4. FE I Number	Applied For		
21		26	l				59-3319483		Not Applicable	
	Suite, Apt. #, etc.	ļ	Suite, Apt	#, etc			5. Certificate of Status Desired		5 Additional	
22		27	l					Fe	e Required	
,	City & State		City & State				6. Efection Campaign Financing	\$5.	00 May Be	
23		28	l				Trust Fund Contribution	-	led to Fees	
	Zip Country	Zip Country			untry		8. This corporation owes the current year Intangible			
24	25	29		30			Personal Property Tax.	[] Yes	X No	
	9. Name and Addres	s of Current Regi	stered Agen	<u> </u>			10. Name and Address of New Registere	d Agent		
Sanders, Walter 13910 N. Dale Mabry					81	Name				
					82 Street Address (P.O. Box Number is Not Acceptable) 83					
Suite 1 TAmpa, Florida 33618										
							<u></u>			

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 applic.	able (NOTE B	tegistered Agent signature require	ed when reinstating DATE		
12.	OFFICERS AND DIRECTOR		13.	ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTOR	RS (N 12
TITLE	Director	XI DELETE	11 TITLE			
NAME	Niewiarowski, Christopher		1.2 NAME	.377550003 0(6/31/300	ខ្លួន្តទ	:-9
STREET ADDRESS	2366 Wetherington Road	11.	13 STREET ADDRESS	~UZ/15/33~~U	10260	02
CITY-ST-ZIP	Clearwater, FL 34625		14 CITY-ST-ZIP	****300.00	****30	Մ . ՄՄ
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NAME			2.2 NAME			
STREET ADDRESS			2.3 STREET ADDRESS			
CITY-ST-ZIP			2 4 CITY- 51-7IP			
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NAME			3.2 NAME			
\$TREET ADDRESS			3.3 STREET ADDRESS			
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NAME			5.2 NAMI			
STREET ADDRESS			53 STREET ADDRESS			ļ
CITY-ST-ZIP			5.4 CHY -\$1-261		() 6
TITLE		[] DELETE	ETTOLF		[] Change	1100
NAME			6.2 NAME		$\mathcal{A}^{\mathcal{D}}$	١ / (۲
STREET ADDRESS			63 STREET ADDRESS		- 51	V '

14. I 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 supplicantal annual report is true and accounte and that my signature shall have the same legal effect as if made under oath. But I am an officer or director of the corporation of the receiver or trusted 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, only in attachment without address with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

2-4-99 727-799-0816