

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  
Feb 03 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P95000074397 (7)

1. Corporation Name  
PR WEST PALM, INC.

Principal Place of Business  
455 PENNSYLVANIA AVE., SUITE 135  
FT. WASHINGTON PA 19034

Mailing Address  
455 PENNSYLVANIA AVE., SUITE 135  
FT. WASHINGTON PA 19034

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/26/1995		3a. Date of Last Report 03/21/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number APPLIED FOR 52-2074483		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		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				10. Name and Address of New Registered Agent			
THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				85 Zip Code FL			

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	
NAME	ROGERS, ROBERT G	1.2 NAME	
STREET ADDRESS	455 PENNSYLVANIA AVE., SUITE 135	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT. WASHINGTON PA 19034	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	
NAME	INN, JEFFREY A	2.2 NAME	
STREET ADDRESS	455 PENNSYLVANIA AVE., SUITE 135	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT. WASHINGTON PA 19034	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	
NAME	WELLER, JONATHAN B	3.2 NAME	
STREET ADDRESS	455 PENNSYLVANIA AVE., STE 135	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT WASHINGTON PA 19034	3.4 CITY-ST-ZIP	
TITLE	VP	4.1 TITLE	
NAME	MASSIMINI, DANTE J	4.2 NAME	
STREET ADDRESS	455 PENNSYLVANIA AVE., STE 135	4.3 STREET ADDRESS	
CITY-ST-ZIP	FT. WASHINGTON PA 19034	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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 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:

Dante J. Massimini

700002298567  
-09/19/97--01106--020  
\*\*\*4400.00

PE  
2.3

CR2E034 (4/97)