

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000078916 (0)

1. Corporation Name

PCI COMMUNICATIONS INC.



Principal Place of Business

5225 IMPERIAL LAKES BLVD.
SUITE 32
MULBERRY FL 33860

Mailing Address

5225 IMPERIAL LAKES BLVD.
SUITE 32
MULBERRY FL 33860

3. Date Incorporated or Qualified
10/13/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

Subs. Apt. #, etc.

26

Subs. Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RUGG, JOSEPH W. N
201 NORTH FRANKIN STREET
SUITE 2100
TAMPA FL 33602

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1504, 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 of Registered Agent (Required if changing registered agent)

Signature of Registered Agent (Required if changing registered agent)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	0	DELETE
NAME	HILL, PAUL	
STREET ADDRESS	5225 IMPERIAL LAKE BLVD., #32	
CITY-ST-ZIP	MULBERRY FL 33860	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11 TITLE	Change	Addition
12 NAME		
13 STREET ADDRESS		
14 CITY-ST-ZIP	Change	Addition
21 TITLE		
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP	Change	Addition
31 TITLE		
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP	Change	Addition
41 TITLE		
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP	Change	Addition
51 TITLE		
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP	Change	Addition
61 TITLE		
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP	Change	Addition

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

SIGNATURE:

Paul Hill
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
PAUL HILL

2/15/96
Date

941644-8556
Day/State/Phone #

CR2E034 (12/95)