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

PROFIT CORPORATION ANNUAL REPORT

1997

City & State

Zip



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000032340 (7)

PC ASSOCIATES OF CENTRAL FLORIDA, INC.

Principal Place of Business	Mailing Address	r indicate) die 19419 deer deini 9000 entre dei	i BBian iilin iiden kiki bibii Asii ibu		
711 N ORLANDO AVÉ MAITLAND FL 32751	711 N ORLANDO AVE MAITLAND FL 32751-4406				
		3. Date Incorporated or Qualified 04/08/1996	3a. Date of Last Report		
2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied F		
21	26	59-3376//	Not Applic		
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Addition		

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City & State

Zip

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9. Name and Address of Current Registered Agent COOPER, PATRICIA M 711 N ORLANDO AVE MAITLAND FL 32751

25

Country

	Trust Fund Contribution Added to Fees
untry	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes
["	10. Name and Address of New Registered Agent
81	Name Richard Godbold
82	Street Address (P.O. Box Number is Not Acceptable) 1628 Park Lake Street
83	
84	Orlando, FL 85 Zip Code 32803

6. Election Campaign Financing

FILED

Jun 17 1997 8:00am

Secretary of State

Applied For Not Applicable \$8.75 Additional Fee Required

\$5.00 May Be

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 a	m familiar with, and accept the obligations of, Sec	tion 607.0505, Florid	da Statutes.	polation a board of directors. Thoroby deca	pe ino appointment as i	registores
SIGNATURE	Keehand Spaller				5/15/97	
12.	Signature, typed or printed name of recisive agent and tille trapple OFFICERS AND DIRECTOR		13.	required when reinstating) ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTOR	S IN 12
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST COOPER, PATRICIA M 711 N ORLANDO AVE MAITLAND FL 32751	☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	DPST Richard Godbold 711 N. Orlando Avenue	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DELETE	2 1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-S1-ZIP	Maitland, Fl	32851 <u>Change</u>	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DELETE	3 1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP		Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CHY-ST-ZIP		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP		☐ Change	Addition
TITLE NAME STREET ADDRESS		DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS		☐ Change	Addition

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.

MANA BIR O CHICAGO Godhold Pres

539-0878