

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

FILED

Feb 26 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 # P96000035358 (6)

1. Corporation Name  
PCC DIRECT, INC.



Principal Place of Business  
601 CLEARWATER PARK RD.  
WEST PALM BEACH FL 33401

Mailing Address  
601 CLEARWATER PARK RD.  
WEST PALM BEACH FL 33401-6233

3. Date Incorporated or Qualified 04/23/1996	3a. Date of Last Report
4. FEI Number 65-0684251	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25.	30.

9. Name and Address of Current Registered Agent WATSON, WILLIAM L 601 CLEARWATER PARK RD. WEST PALM BEACH FL 33401	10. Name and Address of New Registered Agent
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	Director/Chairman <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAXSON, LOWELL W	1.2 NAME	Lowell W. Paxson
STREET ADDRESS	601 CLEARWATER PARK RD.	1.3 STREET ADDRESS	601 Clearwater Park Road
CITY - ST - ZIP	WEST PALM BEACH FL 33401	1.4 CITY - ST - ZIP	West Palm Beach, Florida 33401-6233
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	President <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	James B. Bocock
STREET ADDRESS		2.3 STREET ADDRESS	601 Clearwater Park Road
CITY - ST - ZIP		2.4 CITY - ST - ZIP	West Palm Beach, Florida 33401-6233
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	Vice President/Treasurer <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	Arthur D. Tek
STREET ADDRESS		3.3 STREET ADDRESS	601 Clearwater Park Road
CITY - ST - ZIP		3.4 CITY - ST - ZIP	West Palm Beach, Florida 33401-6233
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	Vice President/Asst. Secretary <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	Anthony L. Morrison
STREET ADDRESS		4.3 STREET ADDRESS	601 Clearwater Park Road
CITY - ST - ZIP		4.4 CITY - ST - ZIP	West Palm Beach, Florida 33401-6233
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	Secretary <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	William L. Watson
STREET ADDRESS		5.3 STREET ADDRESS	601 Clearwater Park Road
CITY - ST - ZIP		5.4 CITY - ST - ZIP	West Palm Beach, Florida 33401-6233
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/4/97 (501) 659-4122

CR2E034 (9/96)