

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

FILED

May 13 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000041811 (6)**

1. Corporation Name
NEW PFC, INC.



Principal Place of Business 9220 N.W. 14TH STREET PEMBROKE PINES FL 33024	Mailing Address 9220 N.W. 14TH STREET PEMBROKE PINES FL 33024-4501
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3. Date Incorporated or Qualified 05/09/1996	3a. Date of Last Report
4. FEI Number 65-0691435	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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 5655 SW 64th AVE. Suite, Apt. #, etc.	2a. Mailing Address 26 5655 SW 64th AVE. Suite, Apt. #, etc.
22 City & State 23 DAVIE, FL	27 City & State 28 DAVIE, FL
24 Zip 33314 Country U.S.	29 Zip 33314 Country U.S.

9. Name and Address of Current Registered Agent

SCHILLINGER, LEE H
4801 SHERIDAN STREET
SUITE 202
HOLLYWOOD FL 33021

10. Name and Address of New Registered Agent

81 Name **SIEDEL ELIZABETH M.**
 82 Street Address (P.O. Box Number is Not Acceptable)
9220 NW 14th STREET
 83
 84 City **PEMBROKE PINES FL** 85 Zip Code **33024**

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 *Elizabeth M. Siedel* **ELIZABETH M. SIEDEL** DATE **4-29-97**
Signature and typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	ELIZABETH M. SIEDEL	
STREET ADDRESS	9220 NW 14th STREET	
CITY - ST - ZIP	PEMBROKE PINES, FL. 33024	
TITLE	D.	<input type="checkbox"/> DELETE
NAME	DONALD R. SIEDEL	
STREET ADDRESS	9220 NW 14th St.	
CITY - ST - ZIP	PEMBROKE PINES, FL 33024	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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: *Elizabeth M. Siedel* **ELIZABETH M. SIEDEL** DATE **4/29/97** DAYTIME PHONE # **954-791-8253**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)