

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Apr 07, 1999 8:00 am**  
**Secretary of State**

04-07-1999 90020 018 \*\*\*150.00

**DOCUMENT # P98000066763**

1. Corporation Name  
**PCS GROUP, INC.**

Principal Place of Business  
**1900 CORPORATE BOULEVARD  
SUITE 400  
BOCA RATON FL 33431**

Mailing Address  
**1900 CORPORATE BOULEVARD  
SUITE 400  
BOCA RATON FL 33431**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**07/30/1998**

4. FEI Number  
**65-0857624**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

8. This corporation owes the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

**21 1900 Corporate Boulevard**

Suite, Apt. #, etc.

**22 Suite=400=East**

City & State

**23 Boca Raton, FL**

Zip Country

**24 33431**

2a. Mailing Address

**26 1900 Corporate Boulevard**

Suite, Apt. #, etc.

**27 Suite=400=East**

City & State

**28 Boca Raton, FL**

Zip Country

**29 33431**

**30**

9. Name and Address of Current Registered Agent

**AMERILAWYER  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent

**81 Name Paul Whitfield**  
**82 Street Address (P.O. Box Number is Not Acceptable) 1900 Corporate Boulevard**  
**83 Suite 400 East**  
**84 City Boca Raton** **85 Zip Code FL 33431**

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 *Paul Whitfield* **Paul Whitfield President** **02/16/99**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☒ DELETE  
NAME **WHITFIELD, PAUL**  
STREET ADDRESS **1900 CORPORATE BOULEVARD**  
CITY-ST-ZIP **BOCA RATON FL 33431**

TITLE **STD** ☒ DELETE  
NAME **WHITFIELD, SHEILA**  
STREET ADDRESS **1900 CORPORATE BOULEVARD**  
CITY-ST-ZIP **BOCA RATON FL 33431**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PD** ☐ Change ☒ Addition  
1.2 NAME **Whitfield, Paul**  
1.3 STREET ADDRESS **1900 Corporate Boulevard, Suite 400 East**  
1.4 CITY-ST-ZIP **Boca Raton, FL 33431**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS

2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS

3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS

4.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I 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, with all other like empowered.

SIGNATURE: *Paul Whitfield* **Paul Whitfield** **02/16/99 (561) 988-2577**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0335724