

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 Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90018 007 \*\*\*158.75



DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified: 10/14/1998

4. FEI Number: 59-3544957 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

DOCUMENT # P98000088212

1. Corporation Name: PCNA COMMUNICATIONS CORPORATION

Principal Place of Business: P.C.N.A. PARKWAY LAKE HELEN FL 32744-0280

Mailing Address: 186 P.C.N.A. PARKWAY LAKE HELEN FL 32744-0280

2. Principal Place of Business: 26

Suite, Apt. #, etc.: 27

City & State: 28

Zip: 25 Country: 29 Zip: 30 Country: 30

9. Name and Address of Current Registered Agent: HARRIS, BETH J 1645 PALM BEACH LAKES BOULEVARD SUITE 550 WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent: 81 Name: PETER S. BALISE 82 Street Address (P.O. Box Number is Not Acceptable): 186 P.C.N.A. PARKWAY 83 84 City: LAKE HELEN FL 85 Zip Code: 32744

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: [Signature] PETER S. BALISE, PRESIDENT 1-5-99 DATE

12. OFFICERS AND DIRECTORS

TITLE	DELETE
ST-ZIP	DELETE
TITLE	DELETE
ST-ZIP	DELETE
TITLE	DELETE
ST-ZIP	DELETE
TITLE	DELETE
ST-ZIP	DELETE
TITLE	DELETE
ST-ZIP	DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Change	Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	Change	Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	Change	Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	Change	Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	Change	Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	Change	Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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: [Signature] JAMES M. KOLLER, TREASURER 1-5-99 904-228-1000, X337 DATE Daytime Phone #

CR2E034 (11/98)