

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

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



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

X

\$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

X No

2. Principal Place of Business

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

Zip

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

PETER S. BALISE, PRESIDENT 1-5-99

12. OFFICERS AND DIRECTORS

□ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

□ Change X Addition

1.1 TITLE

CPS

1.2 NAME

PETER S. BALISE

1.3 STREET ADDRESS

186 P.C.N.A. PARKWAY  
LAKE HELEN, FL 32744

1.4 CITY-ST-ZIP

□ Change X Addition

2.1 TITLE

D

2.2 NAME

J WILLIAM WRIGLEY

2.3 STREET ADDRESS

186 P.C.N.A. PARKWAY  
LAKE HELEN, FL 32744

2.4 CITY-ST-ZIP

□ Change X Addition

3.1 TITLE

D

3.2 NAME

RICHARD SILVER

3.3 STREET ADDRESS

13160 DOUBLETREE CIRCLE  
WELLINGTON, FL 33414

3.4 CITY-ST-ZIP

□ Change X Addition

4.1 TITLE

D

4.2 NAME

ANDREW J. CAHILL

4.3 STREET ADDRESS

31 SOUTH STREET, 2ND FLOOR  
MORRISTOWN, NJ 33414

4.4 CITY-ST-ZIP

□ Change X Addition

5.1 TITLE

T

5.2 NAME

JAMES M KOLLER

5.3 STREET ADDRESS

186 P.C.N.A. PARKWAY  
LAKE HELEN, FL 32744

5.4 CITY-ST-ZIP

□ Change □ Addition

6.1 TITLE

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:

JAMES M. KOLLER, TREASURER 1-5-99 904-228-1000, X337

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)