

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

DOCUMENT # **S12823** (8)

95 MAY -1 PM 8:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Corporation Name

PCA OPTIONS, INC.

Principal Place of Business

6101 BLUE LAGOON DR
SUITE 300
MIAMI FL 33126

Mailing Address

6101 BLUE LAGOON DR
SUITE 300
MIAMI FL 33126

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

11/15/1990

3a. Date of Last Report

04/19/1994

4. FEI Number

65-0235154

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 has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

24

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

**MENENDEZ, JOSE M., ESQUIRE
6101 BLUE LAGOON DR
STE 300
MIAMI FL 33126**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DP**
NAME **KILISSANLY, PETER E.**
STREET ADDRESS **6101 BLUE LAGOON DR**
CITY- ST- ZIP **MIAMI FL**

TITLE **DC**
NAME **KARDATZKE, E. STANLEY**
STREET ADDRESS **6101 BLUE LAGOON DR**
CITY- ST- ZIP **MIAMI FL**

TITLE **DV**
NAME **SPENCER, RODNEY P.**
STREET ADDRESS **6101 BLUE LAGOON DR**
CITY- ST- ZIP **MIAMI FL**

TITLE **DT**
NAME **DONNELLY, CLIFFORD W.**
STREET ADDRESS **6101 BLUE LAGOON DR**
CITY- ST- ZIP **MIAMI FL**

TITLE **S**
NAME **HAGEMAN, JOHN A.**
STREET ADDRESS **6101 BLUE LAGOON DR**
CITY- ST- ZIP **MIAMI FL**

TITLE **DV**
NAME **JOHNSON, GLEN R.**
STREET ADDRESS **6101 BLUE LAGOON DR**
CITY- ST- ZIP **MIAMI FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D/P/C** ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

2.1 TITLE **D** ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY- ST- ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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:

Peter E. Kilissanly
PETER E. KILISSANLY
REGISTERED AGENT

4/27/95

(305) 267-6633

(Date)

(Phone Area #)