

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

FILED
Aug 20 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 # **S12823** (8)
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 33126-2060
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 Suite 450 23 City & State 24 Zip 25 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 Suite 450 28 City & State 29 Zip 30 Country		3. Date Incorporated or Qualified 11/15/1990	3a. Date of Last Report 07/19/1996
				4. FEI Number 65-0235154	Applied For 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 type="checkbox"/> Yes <input type="checkbox"/> No	

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 Suite 450 84 City FL 85 Zip Code	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPC	1.1 TITLE	
NAME	KLUSSANLY, PETER E.	1.2 NAME	
STREET ADDRESS	6101 BLUE LAGOON DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	
NAME	KARDATZKE, E. STANLEY	2.2 NAME	
STREET ADDRESS	6101 BLUE LAGOON DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	DV	3.1 TITLE	
NAME	SPENCER, RODNEY P.	3.2 NAME	
STREET ADDRESS	6101 BLUE LAGOON DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	
TITLE	DT	4.1 TITLE	
NAME	DONNELLY, CLIFFORD W.	4.2 NAME	
STREET ADDRESS	6101 BLUE LAGOON DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	
TITLE	S	5.1 TITLE	
NAME	HAGEMAN, JOHN A.	5.2 NAME	
STREET ADDRESS	6101 BLUE LAGOON DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	
TITLE	DV	6.1 TITLE	
NAME	JOHNSON, GLEN R.	6.2 NAME	
STREET ADDRESS	6101 BLUE LAGOON DR	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	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 _____

CR2E034 (9/96)