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

langed, or on an attachment with an address

PROFIT Apr 20 1998 8:00am FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham Secretary of State **ANNUAL REPORT** Secretary of State **19**98 DIVISION OF CORPORATIONS DOCUMENT # (8)PCD, INC. Principal Place of Business Mailing Address P O BOX 1748 P O BOX 1748 WINTER PARK FL 32790 WINTER PARK FL 32790 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/25/1991 2. Principal Place of Business 2a, Mailing Address 4. FEI Number Applied For oma59-3050796 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required ity & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees Z_{P} Country 8. This corporation owes or has paid the current year Intangible 29 30 Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name GARDNER, JOSEPH J. 2487 ALOMA AVENUE Street Address (P.O. Box Number is Not Acceptable) WINTER PARK FL 32792 83 84 Zip Code e above-named corporation submits this statement for the purpose of changing its registered by the corporation's board of directors. I hereby accept the appointment as registered statules 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the office or registerod agent, or both, in the State of Florida. Such change was authorized agent. I am familial with and accept the obligations of, Section 607.0505, Florida 8. **SIGNATURE** e required when reinstaling) DATE 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE Change Addition 1.1 TITLE GARDNER, ROBERT N NAME 1.2 NAME 2487 ALOMA AVENUE STREET ADDRESS 1.3 STREET ADDRESS WINTER PARK FL CITY-ST-ZIP 1.4 CiTY - ST-ZIP DELETE TITLE 2.1 TITLE Change Addition GARDNER, JOSEPH J NAME 2487 ALOMA AVENUE STREET ADDRESS 2.3 STREET ADDRESS **WINTER PARK FL** CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE TITLE Change Addition 3.1 TITLE NAME 32 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE TITLE Change 4.1 TITLE ■ Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE TITLE 5.1 TITLE Change ___ Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE TITLE Change Addition 61 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 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 proporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if qualgod, or on an attachined with an address.

FILED