


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

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90143 009 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **V60711**

1. Corporation Name
PMC NORTH AMERICA, INC.



Principal Place of Business 2101 34TH WAY N. SUITE 204-263 LARGO FL 33771 US	Mailing Address 3665 E BAY DR SUITE 204-263 LARGO FL 34641 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2060 - 34th Way N.	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Largo, FL	City & State 28
Zip 24 33771	Country 25
	Country 29
	Country 30

3. Date Incorporated or Qualified 08/28/1992	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number 59-3139804	
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 owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent HARPER, THOMAS L 3665 E BAY DR SUITE 204-147 LARGO FL 33771	
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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
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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 D	<input type="checkbox"/> DELETE	1.1 TITLE P, S, T, D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME HARPER, THOMAS L		1.2 NAME HARPER, Thomas L.	
STREET ADDRESS 3665 E BAY DR		1.3 STREET ADDRESS	
CITY-ST-ZIP LARGO FL		1.4 CITY-ST-ZIP	
TITLE 	<input type="checkbox"/> DELETE	2.1 TITLE V. P.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME 		2.2 NAME Julie Harper	
STREET ADDRESS 		2.3 STREET ADDRESS 3665 E. Bay Dr.	
CITY-ST-ZIP 		2.4 CITY-ST-ZIP Largo FL 33771	
TITLE 	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME 		3.2 NAME	
STREET ADDRESS 		3.3 STREET ADDRESS	
CITY-ST-ZIP 		3.4 CITY-ST-ZIP	
TITLE 	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME 		4.2 NAME	
STREET ADDRESS 		4.3 STREET ADDRESS	
CITY-ST-ZIP 		4.4 CITY-ST-ZIP	
TITLE 	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME 		5.2 NAME	
STREET ADDRESS 		5.3 STREET ADDRESS	
CITY-ST-ZIP 		5.4 CITY-ST-ZIP	
TITLE 	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/99 (727) 530-0714
Date Daytime Phone #

CR2E034 (11/98)