

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

FILED

Jan 14 1997 8:00am  
Secretary of State

PROFIT CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 546858 (2)

1. Corporation Name  
F P C, INC.



Principal Place of Business  
7851 S.W. 6TH ST., SUITE 308  
PLANTATION FL 33324

Mailing Address  
7851 S.W. 6TH ST., SUITE 308  
PLANTATION FL 33324-3211

3. Date Incorporated or Qualified 08/25/1977  
3a. Date of Last Report 04/16/1996

2. Principal Place of Business  
21 2200 CORPORATE BLVD N.W.  
Suite, Apt. #, etc.  
22 SUITE 210

2a. Mailing Address  
26 2200 CORPORATE BLVD N.W.  
Suite, Apt. #, etc.  
27 SUITE 210

4. FEI Number 59-1764397  
Applied For Not Applicable

23 BOCA RATON, FLORIDA  
City & State

28 BOCA RATON, FLORIDA  
City & State

5. Certificate of Status Desired  \$8.75 Additional Fee Required

24 33431  
Zip Country  
25 FLA.  
29 33431 30 USA

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

9. Name and Address of Current Registered Agent  
SCHWARTZ, NEIL D  
7851 S.W. 6TH STREET, SUITE 308  
PLANTATION FL 33324

10. Name and Address of New Registered Agent  
81 Name SCHWARTZ, NEIL D.  
82 Street Address (P.O. Box Number is Not Acceptable) 2200 CORPORATE BLVD, N.W., SUITE 210  
83  
84 City BOCA RATON FL 85 Zip Code 33431

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: Neil D. Schwartz, Pres. NEIL D. SCHWARTZ, PRES 1/7/97  
NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS

TITLE	PSD	<input type="checkbox"/> DELETE
NAME	SCHWARTZ, NEIL D.	
STREET ADDRESS	7851 S.W. 6TH ST STE 308	
CITY-ST-ZIP	PLANTATION FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	2200 CORPORATE BLVD, N.W., SUITE 210
1.4 CITY-ST-ZIP	BOCA RATON, FLORIDA 33431
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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: NEIL D. SCHWARTZ, PRES. Neil D. Schwartz, Pres 1/7/97 (561) 912-9000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)