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Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90035 018 ***158.75

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # F98000005728

1. Corporation Name
FFMC, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
2601 MAIN STREET, SUITE 101
IRVINE CA 92614

Mailing Address
2601 MAIN STREET, SUITE 101
IRVINE CA 92614

3. Date Incorporated or Qualified 10/13/1998	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
4. FEI Number 33-0816712		
5. Certificate of Status Desired <input checked="" 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 checked="" type="checkbox"/> No		

2. Principal Place of Business	2a. Mailing Address
21 [] Suite, Apt. #, etc.	26 [] Suite, Apt. #, etc.
22 [] City & State	27 [] City & State
23 [] Zip	28 [] Zip
24 [] Country	29 [] Country
25 []	30 []

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARBONE, DENNIS F	1.2 NAME	
STREET ADDRESS	3346 SUMMIT POINT DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	TOPANGA CANYON CA 90290	1.4 CITY-ST-ZIP	
TITLE	VCFO <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOLAND, DOUGLAS E	2.2 NAME	
STREET ADDRESS	6252 HOOKER DRIVE	2.3 STREET ADDRESS	Huntington Beach, CA 92647
CITY-ST-ZIP	TOPANGA CANYON CA 92647	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, JOHN F ESQ.	3.2 NAME	
STREET ADDRESS	26562 RAIN TREE ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	LAGUNA HILLS CA 92653	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SLATTERY, DENNIS D	4.2 NAME	
STREET ADDRESS	920 OXFORD ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	SAN MARINO CA 91108	4.4 CITY-ST-ZIP	
TITLE	VC <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAISER, WILLIAM P	5.2 NAME	
STREET ADDRESS	17535 DUBLIN COURT	5.3 STREET ADDRESS	
CITY-ST-ZIP	GRANGER IN 46530	5.4 CITY-ST-ZIP	
TITLE	C <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SNYDER, KENT G	6.2 NAME	
STREET ADDRESS	232 VIA SAN REMO	6.3 STREET ADDRESS	
CITY-ST-ZIP	NEWPORT BEACH CA 92663	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: *Dennis F. Carbone* 01/05/99 (800) 292-6614
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (1/198)