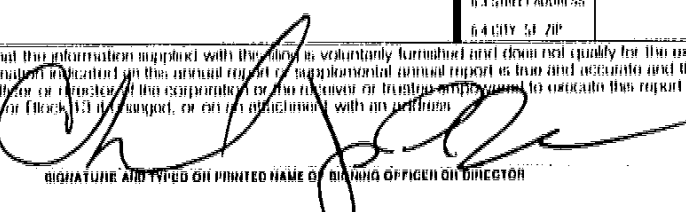


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT 1995		 FLORIDA DEPARTMENT OF STATE Sandra B. Worthington Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P94000091808 (3) 1. Corporation Name FMG OF DADE, INC.		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 95 MAR 31 AM 11:16	
Principal Place of Business 6490 GRIFFIN ROAD STE. 103 DAVE FL 33314		Mailing Address 6490 GRIFFIN ROAD STE. 103 DAVE FL 33314	
2. Principal Place of Business 21 1800 SW 3RD STREET Suite, Apt. #, etc.		2a. Mailing Address 27 1800 SW 3RD STREET Suite, Apt. #, etc.	
22 POMPANO BEACH, FL City & State		27 POMPANO BEACH, FL City & State	
24 33069 Zip		29 33069 Zip	
25 FL Country		30 FL Country	
9. Name and Address of Current Registered Agent GOODKING, BRIAN K 2601 SO. BAYSHORE DRIVE STE. 1600 MIAMI FL 33133		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	
11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 required for principal officer, registered agent, and then if applicable) (Signature required for registered agent, then if applicable)			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE		1.1 TITLE	PRES-DIRECTOR ☐ Change ☒ Addition
NAME		1.2 NAME	JAMES P. BENNETT
STREET ADDRESS		1.3 STREET ADDRESS	1800 SW 3RD STREET
CITY, ST, ZIP		1.4 CITY, ST, ZIP	POMPANO BEACH, FL 33069
TITLE		2.1 TITLE	SEC-TREAS & DIRECTOR ☐ Change ☒ Addition
NAME		2.2 NAME	GREG TRIMBLE
STREET ADDRESS		2.3 STREET ADDRESS	1800 SW 3RD STREET
CITY, ST, ZIP		2.4 CITY, ST, ZIP	POMPANO BEACH, FL 33069
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY, ST, ZIP		3.4 CITY, ST, ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY, ST, ZIP		4.4 CITY, ST, ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		6.4 CITY, ST, ZIP	
14. I do hereby certify that the information supplied with this form is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 appointed to conduct the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an attachment with an address.			
SIGNATURE: 		Date: 3/28/95	
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR		Typed Name	