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Mar 04 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 # V19877 (2)

1. Corporation Name
FIRST CITIZENS FACILITIES COMPANY, INC.

Principal Place of Business
**2211 OKEECHOBEE ROAD
FT. PIERCE FL 34950-6552
US**

Mailing Address
**2211 OKEECHOBEE ROAD
FT. PIERCE FL 34950-6552
US**



3. Date Incorporated or Qualified **03/09/1992** 3a. Date of Last Report **01/31/1996**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 65-0327205		Applied For <input type="checkbox"/> Not Applicable	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22. City & State		27. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
23. Zip		28. Zip		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
24. Country		29. Country					

9. Name and Address of Current Registered Agent

**POLACKWICH, ALAN S., SR.
2770 INDIAN RIVER BLVD.
SUITE 501
VERO BEACH FL 32960**

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 607.1508, 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

(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	VP
NAME	SMITH, VERNON D	1.2 NAME	RODNEY HAYES
STREET ADDRESS	221 OKEECHOBEE RD.	1.3 STREET ADDRESS	2211 OKEECHOBEE ROAD
CITY - ST - ZIP	FT. PIERCE FL	1.4 CITY - ST - ZIP	FORT PIERCE, FL 34950
TITLE	D	2.1 TITLE	
NAME	GIORDANO, JOHN F	2.2 NAME	
STREET ADDRESS	2211 OKEECHOBEE ROAD	2.3 STREET ADDRESS	
CITY - ST - ZIP	FT. PIERCE FL	2.4 CITY - ST - ZIP	
TITLE	VD	3.1 TITLE	
NAME	MCGRATH, LARRY	3.2 NAME	
STREET ADDRESS	2211 OKEECHOBEE RD.	3.3 STREET ADDRESS	
CITY - ST - ZIP	FT. PIERCE FL	3.4 CITY - ST - ZIP	
TITLE	STD	4.1 TITLE	
NAME	HENLEBEN, ROBERT A	4.2 NAME	
STREET ADDRESS	2211 OKEECHOBEE RD.	4.3 STREET ADDRESS	
CITY - ST - ZIP	FT. PIERCE FL	4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
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 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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)