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

29

9. Name and Address of Current Registered Agent

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

(5)

FILED Mar 24 1997 8:00am Secretary of State

DOCUMENT	#	S18751	
L'Ottoor altour El group			

F.M.L., JR., INC.

Principal Place of Business	Mailing Address				
P.O. BOX 22347 TAMPA FL 33622-9347	P.O. BOX 22347 TAMPA FL 33622-2347				
			3. Date Incorporated or Qualified 12/17/1990		eate of Last Report 22/1996
2. Principal Place of Basiness	2a. Mailing Address		4. FEI Number		Applied For
21	26		59-3043635		Not Applicable
Suite Apt #, etc. [22]	Suite Apt. #, etc.		5. Certificate of Status Desired		\$8.75 Additional Fee Required
City & State	City & State		Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees
Z(p) Country	Zip	Country	8. This corporation has liability for it	ntangible	e tax under s. 199 032,

BOGGS, E. JACKSON 501 EAST KENNEDY BLVD. **SUITE 1700 TAMPA FL 33602**

	Florida Statutes
	10. Name and Address of New Registered Agent
81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City : 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

S:GNATURI	Standard Scriptor for product name of respective surpressed take Tappinskin (NOR	: Registered Agent signature requ	ured when roussamg) DATE	
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	S IN 12
fireF	DELETE	1 1 TITLE	Change	Addition
NGM	LORENZO, FRANK M.,JR	1.2 NAME		
STEET ALDRESS	4010 BOYSCOUT BLVD. #700	1.3 STREET ADDRESS		
OTF STZIP	TAMPA FL	1.4 CITY-ST-ZIP		
THE	DELETE	2 1 TITLE	☐ Change	Addition
NAME		2.2 NAME		,
STREET ADDRESS.		2.3 STREET ADDRESS		
Oh G AR		2 4 CITY - \$1 - ZIP		
THEF	DELETE	3.1 TITLE	☐ Change	Addition
NAME		3.2 NAME		
SIRE LALOREDA		3.3 STREET ADDRESS		
CHY SI 70		3.4 CHY-S1-ZIP		
7 (1)	☐ DCLETE	4.1 YITLE	☐ Change	Addition
NAME		4. 2 NAME		
SIRECT ADDRESS.		4.3 STREET ADDRESS		
QHY 51 Z#		4.4 CITY - ST - ZIP		
TIH	☐ DELETE	5 1 TITLE	☐ Change	Addrtion
NAM:		5 2 NAME		
SIRE LADORESS		5 3 STREET ADDRESS		
Car St Z-		5 4 CHTY - ST - ZIP		
1 (1)	☐ DELETE	6 1 TITLE	☐ Change	Addition
NAMI		6.2 NAME		
STREET ANORESS		63 STREET ADDRESS		
OTY SE 75		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 pointal 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 processor or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

SIGNATURE: