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

FILED Jan 16 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # 546858 F P C, INC. Principal Place of Business Mailing Address 2200 CORPORATE BOULEVARD NORTHWEST 2200 CORPORATE BOULEVARD NORTHWEST SUITE 210 SHITE 210 DO NOT WRITE IN THIS SPACE **BOCA RATON FL 33431 BOCA RATON FL 33431** 3. Date Incorporated or Qualified 08/25/1977 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-1764397 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be  $\Box$ Added to Fees 23 Trust Fund Contribution 28 Zip Country Country 8. This corporation owes or has paid the current year Intangible 24 25 29 Personal Property Tax due June 30. 30 10. Name and Address of New Registered Agent g. Name and Address of Current Registered Agent Namo SCHWARTZ, NEIL D. 2200 CORPORATE BOULEVARD NORTHWEST 82 Street Address (P.O. Box Number is Not Acceptable) SUITE 210 83 **BOCA RATON FL 33431** City Zip Code 85 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 florida. Thereby accept the appointment as registered agent. I ammandiac with, and accept the official statutes.

SIGNATURE

SIGNATU one of registerical agent as A full applications.
OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 13. DELETE Change Addition TITLE 1.1 1014 SCHWARTZ, NEIL D. NAME 1.2 NAME 2200 CORPORATE BOULEVARD NORTWEST #210 STREET ADDRESS 1.3 STREET ADDRESS **BOCA RATON FL 33431** CITY-ST-ZIP 1.4 CITY-S1-ZIP Addition DELETE Change TITLE 21 1171 F NAME 22 NAME STREET ADDRESS 2.3 STREET ADDRESS 2.4 CITY-\$1-ZIP CITY-ST-ZIF DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3 4, C/1Y - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 4.1 1IILE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - 7IP CITY-ST-ZIP DELETE Change Addition TITLE 51 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP Dittif Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 63 STHEET ADDRESS

6.4 Off Y-ST-ZIP

14. Thereby certify that the information supplied with this filting 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 supplicmental 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

CITY-S1-ZIF