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Mar 04, 1999 8:00 am Secretary of State

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUI 1. Corporation FSC, INC					
100, 114	. .				
Principal Place	e of Business	Mailing Address			
218 DATURA S	TREET	218 DATURA STREET			
P.O. BOX 989 P.O. BOX 989					
WEST PALM BEACH FL 33402 WEST PALM BEACH FL 33402			2	DO NOT WRITE IN TH	IS SPACE
				3. Date Incorporated or Qualifed	
				02/05/1971	
· '	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-14.10823	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
22		City & State		Flatin Openius Financius	
City & Stat	e	<u> </u>		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year	
	25	29 3		Personal Property Tax.	Yes No
24	9. Name and Address of Current		<u> </u>	10. Name and Address of New Registere	
	3. Hallo alle Addiese e. Callell	- Tagioto a Tigori	81 Name	•	<u> </u>
BOVA, JOSEPH C					
218 DATURA ST			82 Street Add	lress (P.O. Box Number is Not Acceptable)	
WEST PALM BCH FL 33401			83		
			84 City	F	85 Zip Code
office or r agent. I a	to the provisions of Sections 607,0502 egistered agent, or both, in the State of m familiar with, and accept the obligation	of Florida. Such change was autl	horized by the corporat	poration submits this statement for the purpose ion's board of directors. I hereby accept the app	of changing its registered ointment as registered
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE: R	egistered Agent signature requir	red when reinstating) OATE	
12.	OFFICERS AN	D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	AND DIRECTORS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	BOVA, JOSEPH		1.2 NAME		
STREET ADDRESS	218 DATURA STREET		1.3 STREET ADDRESS		
CITY-ST-ZIP	W PALM BEACH, FL 00000		1.4 CITY-ST-ZIP		
TITLE	٧T	☐ DELETE	2.1 ΠΤLE		Change Addition
NAME	MAHONEY, BRIAN		2.2 NAME		
STREET ADDRESS	218 DATURA STREET		2.3 STREET ADDRESS		
CITY-ST-ZIP	W PALM BEACH, FL 00000		2.4 CITY-ST-ZIP	T arm to bother h. Namen and T a	
TITLE	CD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	SHEAROUSE, JOSEPH B JR		3.2 NAME		İ
STREET ADDRESS	218 DATURA STREET		3.3 STREET ADDRESS		
CITY-ST-ZIP	W PALM BEACH, FL 00000		3.4. CITY-ST-ZIP		
TITLE	VD	☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME	ELHILOW, VINCE A		4. 2 NAME		
STREET ADDRESS	218 DATURA STREET		4.3 STREET ADDRESS		
CITY-ST-ZIP	W PALM BEACH, FL 00000		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		,
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition

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 of trustee empowered of 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.

6.4 CITY-ST-ZIP

6.2 NAME 6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR