

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

FILED
May 01 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 542501 (2)
1. Corporation Name
FRC INVESTMENTS, INC.



Principal Place of Business LEGAL DEPT., 9TH FLOOR 2601 S. BAYSHORE DRIVE MIAMI FL 33131-5461	Mailing Address LEGAL DEPT., 9TH FLOOR 2601 S. BAYSHORE DRIVE MIAMI FL 33133-5417
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3. Date Incorporated or Qualified 07/29/1977	3a. Date of Last Report 04/16/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	4. FEI Number 59-1756844	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent LANGLEY, MARCIA H LEGAL DEPT., 9TH FLOOR 2601 S. BAYSHORE DRIVE MIAMI FL 33133-5461	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
	JOEL K. GOLDMAN 2601 S. Bayshore Dr. 9th Floor Miami FL 33133

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: Joel K. Goldman (NOTE: Registered Agent signature required when reinstating) DATE: 4/11/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	VAS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JEFFREY, THOMAS W.	1.2 NAME	LANGLEY, MARCIA H.
STREET ADDRESS	2601 S. BAYSHORE DRIVE	1.3 STREET ADDRESS	2601 S. BAYSHORE DRIVE
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	MIAMI FL 33133
TITLE	VSD <input type="checkbox"/> DELETE	2.1 TITLE	VISID <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANGLEY, MARCIA H.	2.2 NAME	GOLDMAN, JOEL K.
STREET ADDRESS	2601 S. BAYSHORE DRIVE	2.3 STREET ADDRESS	2601 S. BAYSHORE DR
CITY-ST-ZIP	MIAMI FL 33133	2.4 CITY-ST-ZIP	MIAMI FL 33133
TITLE	VT <input type="checkbox"/> DELETE	3.1 TITLE	V/D/C/VAS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FISCHER, JOHN H.	3.2 NAME	CARLETON, CALLIS N.
STREET ADDRESS	2601 S. BAYSHORE DRIVE	3.3 STREET ADDRESS	2601 S. BAYSHORE DR
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	MIAMI FL 33133
TITLE	VD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARLETON, CALLIS N.	4.2 NAME	
STREET ADDRESS	2601 S. BAYSHORE DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33133	4.4 CITY-ST-ZIP	
TITLE	VAS <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLDMAN, JOEL K.	5.2 NAME	
STREET ADDRESS	2301 S BAYSHORE DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33133	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: Joel K. Goldman DATE: 4/11/97 305 859 4071
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #
0178620

CR2E034 (9/96)