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Jan 14 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 # 546858 (2)

1. Corporation Name
F P C, INC.

Principal Place of Business
7851 S.W. 6TH ST., SUITE 308
PLANTATION FL 33324

Mailing Address
7851 S.W. 6TH ST., SUITE 308
PLANTATION FL 33324-3211

3. Date Incorporated or Qualified
08/25/1977

3a. Date of Last Report
04/16/1996

2. Principal Place of Business

2a. Mailing Address

21 2200 CORPORATE BLVD N.W.

26 2200 CORPORATE BLVD N.W.

Suite, Apt. #, etc

Suite, Apt. #, etc

22 SUITE 210

27 SUITE 210

23 BOCA RATON, FLORIDA

28 BOCA RATON, FLORIDA

Zip

Country

24 33431

25 FLA.

Zip

Country

29 33431

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SCHWARTZ, NEIL D
7851 S.W. 6TH STREET, SUITE 308
PLANTATION FL 33324

81 Name SCHWARTZ, NEIL D.

82 Street Address (P.O. Box Number is Not Acceptable)

2200 CORPORATE BLVD, N.W., SUITE 210

83

84 City BOCA RATON

FL

85 Zip Code 33431

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

NEIL D. SCHWARTZ, PRES. NEIL D. SCHWARTZ, PRES. 1/7/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PSD
NAME SCHWARTZ, NEIL D.
STREET ADDRESS 7851 S.W. 6TH ST STE 308
CITY-ST-ZIP PLANTATION FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS 2200 CORPORATE BLVD, N.W., SUITE 210
1.4 CITY-ST-ZIP BOCA RATON, FLORIDA 33431

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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: NEIL D. SCHWARTZ, PRES. NEIL D. SCHWARTZ, PRES. 1/7/97 (561) 912-9000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)