

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

**FILED**  
**Jun 17 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 554740 (1)**

1. Corporation Name  
**FCS ASSOCIATES, INC.**



Principal Place of Business <b>4300 SO. US HWY 1, #211                  JUPITER FL 33477                  US</b>	Mailing Address <b>4300 SO. US HWY 1, #211                  JUPITER FL 33477-1125                  US</b>
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3. Date Incorporated or Qualified <b>10/27/1977</b>	3a. Date of Last Report <b>05/01/1996</b>
4. FEI Number <b>59-1788988</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	30

9. Name and Address of Current Registered Agent

**SNEDAKER, FRANK C.  
 4300 SO. US HWY 1, #211  
 JUPITER FL 33477**

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 agent. I am familiar with, and accept the obligations of, s.c. on 607.0505, Florida Statutes.

SIGNATURE: *Frank C. Snedaker* **FRANK C. SNEDAKER** DATE: **6-13-97**

Signature typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	<b>SNEDAKER, FRANK C.</b>	
STREET ADDRESS	<b>4300 SO. US HWY 1, #211</b>	
CITY-ST-ZIP	<b>JUPITER FL 33477</b>	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	<b>SNEDAKER, CHRISTINE B.</b>	
STREET ADDRESS	<b>4300 SO. US HWY 1, #211</b>	
CITY-ST-ZIP	<b>JUPITER FL 33477</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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, on an attachment with an address

*Frank C. Snedaker* **FRANK C. SNEDAKER** **6-13-97**

CR2E034 (9/96)

# U.S. Corporation Income Tax Return

For calendar year 1996 or tax year beginning 12/01, 1996, ending 11/30, 19 96

OMB No. 1545-0123

**1996**

▶ Instructions are separate. See Instructions for Paperwork Reduction Act Notice.

- A Check if a:**
- 1 Consolidated return (attach Form 951)
  - 2 Personal holding co. (attach Sch. PH)
  - 3 Personal service corp. (as defined in Temporary Regs. sec. 1.441-4T - see instructions)

Use IRS label. Otherwise, print or type.

**FCS ASSOCIATES, INC.**  
 4300 U.S. HWY #1, SUITE 211  
 JUPITER, FL 33477

**CLIENTS COPY**

**B Employer id. number**  
59-1788988

**C Date incorporated**  
10/22/77

**D Total assets**  
(see instructions)  
139,216

**E Check applicable boxes:** (1)  Initial return (2)  Final return (3)  Change of address

<b>1a Gross receipts or sales</b>		288,717	<b>b Less returns and allowances</b>		<b>c Bal</b>	<b>1c</b>	288,717
<b>2 Cost of goods sold (Schedule A, line 8)</b>						<b>2</b>	
<b>3 Gross profit. Subtract line 2 from line 1c</b>						<b>3</b>	288,717
<b>4 Dividends (Schedule C, line 19)</b>						<b>4</b>	
<b>5 Interest</b>						<b>5</b>	
<b>6 Gross rents</b>						<b>6</b>	
<b>7 Gross royalties</b>						<b>7</b>	
<b>8 Capital gain net income (attach Schedule D (Form 1120))</b>						<b>8</b>	
<b>9 Net gain or (loss) from Form 4797, Part II, line 20 (attach Form 4797)</b>						<b>9</b>	-1,460
<b>10 Other income (see instructions - attach schedule)</b>						<b>10</b>	14,916
<b>11 Total income. Add lines 3 through 10</b>						<b>11</b>	302,173
<b>12 Compensation of officers (Schedule E, line 4)</b>						<b>12</b>	
<b>13 Salaries and wages (less employment credits)</b>						<b>13</b>	14,575
<b>14 Repairs and maintenance</b>						<b>14</b>	1,079
<b>15 Bad debts</b>						<b>15</b>	
<b>16 Rents</b>						<b>16</b>	36,803
<b>17 Taxes and licenses</b>						<b>17</b>	6,163
<b>18 Interest</b>						<b>18</b>	2,345
<b>19 Charitable contributions (see instructions for 10% limitation)</b>						<b>19</b>	90
<b>20 Depreciation (attach Form 4582)</b>			<b>20</b>	4,918			
<b>21 Less depreciation claimed on Schedule A and elsewhere on return</b>			<b>21a</b>			<b>21b</b>	4,918
<b>22 Depletion</b>						<b>22</b>	
<b>23 Advertising</b>						<b>23</b>	20,970
<b>24 Pension, profit-sharing, etc., plans</b>						<b>24</b>	
<b>25 Employee benefit programs</b>						<b>25</b>	
<b>26 Other deductions (attach schedule)</b>						<b>26</b>	166,011
<b>27 Total deductions. Add lines 12 through 26</b>						<b>27</b>	252,954
<b>28 Taxable income before net operating loss deduction and special deductions. Subtract line 27 from line 11</b>						<b>28</b>	49,219
<b>29 Less:</b>			<b>29a</b>	235,927		<b>29c</b>	235,927
<b>a Net operating loss deduction (see instructions)</b>			<b>29b</b>			<b>29c</b>	
<b>b Special deductions (Schedule C, line 20)</b>						<b>30</b>	-186,708
<b>30 Taxable income. Subtract line 29c from line 28</b>						<b>31</b>	
<b>31 Total tax (Schedule J, line 10)</b>						<b>31</b>	
<b>32 Payments:</b>			<b>32a</b>			<b>32d</b>	
<b>a 1995 overpayment credited to 1996</b>			<b>32b</b>			<b>32e</b>	
<b>b 1996 estimated tax payments</b>			<b>32c</b>			<b>32f</b>	
<b>c Less 1996 refund applied for on Form 4466</b>						<b>32g</b>	
<b>d Tax deposited with Form 7004</b>						<b>32h</b>	
<b>e Credit from regulated investment companies (attach Form 2439)</b>						<b>33</b>	
<b>f Credit for Federal tax on fuels (attach Form 4138). See instructions</b>						<b>34</b>	0
<b>g Estimated tax penalty (see instructions). Check if Form 2220 is attached</b>						<b>35</b>	
<b>34 Tax due. If line 32h is smaller than the total of lines 31 and 33, enter amount owed</b>						<b>36</b>	
<b>35 Overpayment. If line 32h is larger than the total of lines 31 and 33, enter amount overpaid</b>							
<b>36 Enter amount of line 35 you want: Credited to 1997 estimated tax ▶ Refunded ▶</b>							

**Sign Here**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer: [Signature] Date: 6-12-97 Title: [Signature]

**Paid** Preparer's signature: [Signature] Date: 6-12-97 Check if self-employed  Preparer's social security no.: 141-38-4287

**Preparer's Use Only** Firm's name (or yours if self-employed): MATTHEWS ACCOUNTING SERVICES EIN: 65-0561764  
636 U.S. HWY #1, SUITE 112 ZIP code: 33408  
NORTH PALM BEACH, FL

Matthews Accounting Services, Inc.

**MATTHEWS ACCOUNTING SERVICES, INC.**  
636 US Highway One, Suite 112  
NORTH PALM BEACH, FLORIDA 33408

DATE  
6/12/97

INVOICE #  
1893

(407) 863-3314 FAX (407) 863-3135

**BILL TO:**

FCS ASSOCIATES  
4300 U.S. HWY #1, SUITE 211  
JUPITER, FLORIDA

DESCRIPTION	AMOUNT
PREPARATION OF CORPORATE TAX FILINGS FOR 1996	550.00
<b>TOTAL</b>	<b>\$550.00</b>