FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 586992 (0)

1. Corporation Name

FCD CORPORATION, INC.

Principal Place of Business	Mailing Address
~~845 N GARLAND AVE~~ ~~STE 201~~ ~~ORLANDO FL 32801~~ US	~~845 N. GARLAND AVE~~ ~~STE 201~~ ~~ORLANDO FL 32801~~ US

3. Date Incorporated or Qualified: 09/12/1978
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business
21: 800 N. MAGNOLIA AVE
Suite, Apt. #, etc.
22: Suite 1600
City & State
23: ORLANDO FL
Zip 24: 32803 Country 25: USA

2a. Mailing Address
26: 800 N. MAGNOLIA AVE
Suite, Apt. #, etc.
27: Suite 1600
City & State
28: ORLANDO FL
Zip 29: 32803 Country 30: USA

4. FEI Number: 59-1850588 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes. ☐ Yes ☒ No

9. **Name and Address of Current Registered Agent**

DRANE JR., FRANK C.
845 N GARLAND AVE., #201
ORLANDO FL 32801

10. **Name and Address of New Registered Agent**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 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, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME	DRANE, FRANK		1.2 NAME	
STREET ADDRESS	~~845 N GARLAND AVE., #201~~		1.3 STREET ADDRESS	800 N. MAGNOLIA AVE # 1600
CITY-ST-ZIP	ORLANDO FL		1.4 CITY-ST-ZIP	ORLANDO FL 32803
TITLE	S	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	DRANE, MARGIE W		2.2 NAME	
STREET ADDRESS	2221 LAKESIDE DR.		2.3 STREET ADDRESS	
CITY-ST-ZIP	~~ORLANDO, FL 00000~~		2.4 CITY-ST-ZIP	32803
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			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
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: [signature] 4/16/96 8412230
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #