

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

**PROFIT
CORPORATION
ANNUAL REPORT
1996**



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

DOCUMENT #

682734

(9)

1. Corporation Name

F.P.M.C., INC.

AMENDED ANNUAL REPORT

Principal Place of Business

Mailing Address

**3850 Hollywood Blvd
Suite 400
Hollywood, Fl 33021**

**3850 Hollywood Blvd
Suite 400
Hollywood, Fl 33021**

2. Principal Place of Business

2a. Mailing Address

21

26

State Apt. #, etc.

State Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

3a. Date of Last Report

09/17/1980

05/01/1996

4. FEI Number
59-2073744

Applied For
Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

6. Electron Campaign Financing
First Fund Contribution

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 190.042
Florida Statutes. ☐ Yes ☒ No

**CORNFELD, ROBERT
3850 Hollywood Blvd
Suite 400
Hollywood, Fl 33021**

81. Name

82. Street Address (P.O. Box Numbers Not Acceptable)

83

84. City

FL

85. Zip Code

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Section 600.06, Chapter 7, 1995, 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 a change was authorized by the corporation's board of directors. I hereby accept this statement and agree to be bound by its terms and conditions.

SIGNATURE

Signature of Registered Agent

Signature of President or Director

Signature of Secretary or Treasurer

Signature of Registered Agent

Signature of Registered Agent

Signature of Registered Agent

Signature of Registered Agent

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Signature of Registered Agent

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert M. Cornfeld

7/16/96

(954) 989-2200

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7/22/96

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