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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Feb 19, 1999 8:00 am Secretary of State

02-19-1999 90060 013 ***150.00

| DOCUMENT | # | F03832 |
|---------------------|---|--------|
| 1. Corporation Name | | . 5555 |

FCI OF FLORIDA, INC.

| Principal Place of Business |
|--|
| 3565 PIEDMONT RD. STE 710 THREE PIEDMONT CENTER ATLANTA GA 30305 |
| - D' ' D (D) |

Mailing Address

3565 PIEDMONT RD. STE 710 THREE PIEDMONT CENTER

DO NOT WRITE IN THIS SPACE ATLANTA GA 30305 3. Date Incorporated or Qualifed 10/30/1980 2a. Mailing Address 4. FEI Number Applied For Principal Place of Business 59-2042749 Not Applicable 21 26 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certifcate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country Country This corporation owes the current year Intangible Yes □No 24 25 30 Personal Property Tax. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name CT CORP SYSTEM 82 Street Address (P.O. Box Number is Not Acceptable) 1200 S PINE ISLE RD STE 1400 83 PLANTATION FL 33324 84 City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. Change PD □ DELETE 1.1 TITLE TITLE BLONDER, MICHAEL J 1.2 NAME NAME 3565 PIEDMONT RD, STE 710 1.3 STREET ADDRESS STREET ADDRESS ATLANTA GA 30305 1.4 CITY-ST-ZIP CITY-ST-ZIP □ DELETE ☐ Change Addition 2.1 TITLE TITLE DE GUARDIOLA, ED 22 NAME 3565 PIEDMONT RD. STE 710 2.3 STREET ADDRESS STREET ADDRESS ATLANTA GA 30305 2. 4 CITY-ST-ZIP CITY-ST-ZIP Change -☐ Addition □ DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4, CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition □ DELETE 41 TITLE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Change □ DELETE 6.1 TITLE ☐ Addition TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIF CITY-ST-ZIP

14. 1 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 corporation 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 or fair attributes, with all other like empowered.

SIGNATURE:

CR2E034 (11/98)