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. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F93000005022 (9)**

1. Corporation Name

FMXI, INC.

Principal Place of Business	Mailing Address
1000 COLUMBIA AVE SUITE 5900 LINWOOD PA 19061 US	C/O M. SCHWARTZBARD AND ASSOC 354 EISENHOWER PKWY LIVINGSTON N. 07039 US

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc (22)	Suite, Apt. #, etc (27)
City & State (23)	City & State (28)
Zip (24) / Country (25)	Zip (29) / Country (30)

3. Date Incorporated or Qualified: **11/05/1993**
3a. Date of Last Report: **05/01/1995**

4. FEI Number: **05-0474055** ☐ 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

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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 _____
Signature, type or print name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPD	☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	BUNDY, WILLIAM H		12 NAME	
STREET ADDRESS	1000 COLUMBIA AVE.		13 STREET ADDRESS	
CITY-ST-ZIP	LINWOOD PA		14 CITY-ST-ZIP	
TITLE	D	☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	HAY, ROBERT J		22 NAME	
STREET ADDRESS	1000 COLUMBIA AVE		23 STREET ADDRESS	
CITY-ST-ZIP	LINWOOD PA		24 CITY-ST-ZIP	
TITLE	DP	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME	RALLIS, JOHN		32 NAME	
STREET ADDRESS	3501 JAMBOREE ROAD SUITE 4000		33 STREET ADDRESS	
CITY-ST-ZIP	NEWPORT BEACH CA		34 CITY-ST-ZIP	
TITLE	VS	☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME	SMITH, PHILIP N JR		42 NAME	
STREET ADDRESS	375 PARK AVE 11 FLOOR		43 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY		44 CITY-ST-ZIP	
TITLE	AS	☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME	HERSHON, JUDITH		52 NAME	
STREET ADDRESS	375 PARK AVENUE 11TH FLOOR		53 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY		54 CITY-ST-ZIP	
TITLE	AS	☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME	KING, TAMBRA		62 NAME	
STREET ADDRESS	375 PARK AVENUE 11TH FLOOR		63 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY		64 CITY-ST-ZIP	

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***225.00

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)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X Kenneth R. Fuette 7/22/96 (615) 859-3000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME TELEPHONE NUMBER
KENNETH R. FUETTE
05/30/96

CR2E034 (3/96)