SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

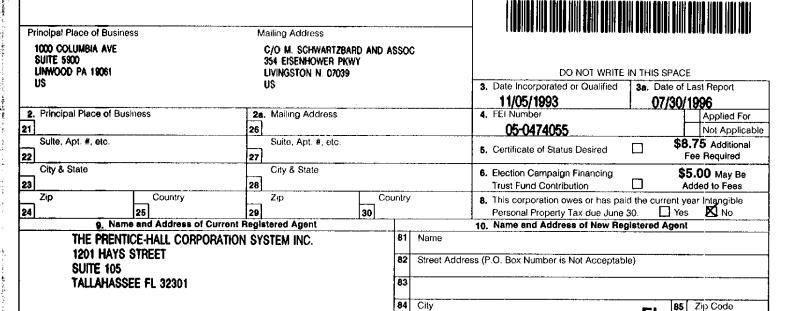
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FMXI, INC.

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Secretary of State	

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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 lamiliar with, and accept the obligations of, Section 607.0505, Florida Statutes.

agent. I a	m familiar with, and accept the obligations of, Sec	tion 607.0505, Flo	rida Statutes.	F	opv appointment do	- Spisiolou
SIGNATURE	Signature, typed or printed name of registered agent and title if appli	icable. (NO1)	: Registered Agent signature	o required when reinstating)	DATE	
12.	OFFICERS AND DIRECTORS		Registered Agent signature required when reinstating) DATE 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	VPO	DELFTE	1.1 TITLE	CHAIRMAN , DIRECTOR	☐ Change	X Addition
NAME	Bundy, William H		1.2 NAME	ANDREA FARACE	-	
STREET ADDRESS	1000 COLUMBIA AVE.		1.3 STREET ADDRESS	1000 Columbia Avenue		
CITY-ST-ZIP	LINWOOD PA		1.4 CITY - ST - ZIP	LINWOOD PA 19061		
TITLE	Ū	DELETE	2.1 TITLE	V. P. FINANCE	Change	Addition
NAME	HAY, ROBERT J		2.2 NAME	KENNETH FUETHE		•
STREET ADDRESS	1000 COLUMBIA AVE		2.3 STREET ADDRESS	1000 COLUMBIA AVENUE.		
CITY-ST-ZIP	LINWOOD PA		2.4 CITY-ST-ZIP	LINWORD, PA 19061		
TITLE	DP	DELETE	3.1 TITLE	PRESIDENT, DIRECTOR	☐ Change	X Addition
NAME	rallis, John		3.2 NAME	SALUATORE I BOUANNO		
STREET ADDRESS	3501 JAMBOREE ROAD SUITE 4000		3 3 STREET ADDRESS	1000 Common Avenue		
CITY-ST-ZIP	NEWPORT BEACH CA		3.4. CITY-ST-ZIP	LINWOOD, PA. 1906,		
TITLE	VS	DELET E	4.1 TITLE		☐ Change	Addition
NAME	SMITH, PHILIP N JR		4. 2 NAME			
STREET ADDRESS	375 PARK AVE 11 FLOOR		4.3 STREET ADDRESS			
CITY-ST-ZIP	NEW YORK NY		4.4 CITY-ST-ZIP	<u>:</u>		
TITLE	λS	DELETE	5.1 TITLE		☐ Change	Addition
NAME	Hershon, Judith		5.2 NAME		-	
STREET ADDRESS	375 PARK AVENUE 11TH FLOOR		5.3 STREET ADDRESS			
CITY-ST-ZIP	NEW YORK NY		5.4 CITY - ST - ZIP			
TITLE	AS	DELETE	6.1 TITLE		Change	Addition
NAME	KING, TAMBRA		6.2 NAME			
STREET ADDRESS	375 PARK AVENUE 11TH FLOOR		6.3 STREET ADDRESS			
CITY-ST-ZIP	NEW YORK NY		6.4 CITY - ST- 7IP			

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 ennual report or supplemental annual report is true end accurate and that my signature shall have the same legal effect as if made under eath; 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.

CONSTRUCT PASSION NO KINDER CHIEFED

17/20/97

CR2E034 (4/97)