

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 22 AM 10:01

DOCUMENT # F94000003291 (1)

1. Corporation Name

FFCA ACQUISITION CORPORATION

Principal Place of Business

Mailing Address

17207 N. PERIMETER DRIVE
SCOTTSDALE AZ 85255

17207 N. PERIMETER DRIVE
SCOTTSDALE AZ 85255

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified

3a. Date of Last Report

06/22/1994

4. FEI Number

APPLIED FOR 86-0765661

Applied For

Not Applicable

5. Certificate of Status Required

\$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

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

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 607.0503 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

Signature of the person appointed as registered agent or director

Signature of the person appointed as registered agent or director

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	PD
2. NAME	FLEISCHER, MORTON H
3. STREET ADDRESS	17207 N. PERIMETER DR.
4. CITY, ST, ZIP	SCOTTSDALE AZ
1. TITLE	CD
2. NAME	HALLIDAY, ROBERT W
3. STREET ADDRESS	17207 N. PERIMETER DR.
4. CITY, ST, ZIP	SCOTTSDALE AZ
1. TITLE	V
2. NAME	ROACH, ROBIN L
3. STREET ADDRESS	17207 N. PERIMETER DR.
4. CITY, ST, ZIP	SCOTTSDALE AZ
1. TITLE	VT
2. NAME	BARRAVECCHIA, JOHN R
3. STREET ADDRESS	17207 N. PERIMETER DR.
4. CITY, ST, ZIP	SCOTTSDALE AZ
1. TITLE	V
2. NAME	CRAWFORD, THOMAS K
3. STREET ADDRESS	17207 N. PERIMETER DR.
4. CITY, ST, ZIP	SCOTTSDALE AZ
1. TITLE	V
2. NAME	VOLK, CHRISTOPHER H
3. STREET ADDRESS	17207 N. PERIMETER DR.
4. CITY, ST, ZIP	SCOTTSDALE AZ

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY, ST, ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY, ST, ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY, ST, ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY, ST, ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY, ST, ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.032(3)(b), 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. I am an officer or director of the corporation or the receiver or liquidator empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 1, 2 or Block 13 of this filing, or on an attachment with an addition.

SIGNATURE:

SIGNATURE AND TYPE (IN PRINT) OF NAME OF MEMBER OF FILING OR DIRECTOR

JOHN R. BARRAVECCHIA, SR. VP & CFO

Date

Digitally Signed

2/14/95
(602) 595-4500