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FILED  
Feb 11 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # F94000003291 (1)

1. Corporation Name

FFCA ACQUISITION CORPORATION

Principal Place of Business  
17207 N. PERIMETER DRIVE  
SCOTTSDALE AZ 85255

Mailing Address  
17207 N. PERIMETER DRIVE  
SCOTTSDALE AZ 85255 - 5401



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
06/22/1994

4. FEI Number  
86-0765661

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

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

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

Signature typed or printed name of registered agent and the corporation

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DEOP  
NAME FLEISCHER, MORTON H  
STREET ADDRESS 17207 N. PERIMETER DR.  
CITY- ST- ZIP SCOTTSDALE AZ ☐ DELETE

TITLE ASVP  
NAME RUBEN, DENNIS L.  
STREET ADDRESS 17207 N PERIMETER DR  
CITY- ST- ZIP SCOTTSDALE AZ ☐ DELETE

TITLE ASVP  
NAME BARRAVECCHIA, JOHN R  
STREET ADDRESS 17207 N. PERIMETER DR.  
CITY- ST- ZIP SCOTTSDALE AZ ☐ DELETE

TITLE VPST  
NAME VOLK, CHRISTOPHER H.  
STREET ADDRESS 17207 N. PERIMETER DR.  
CITY- ST- ZIP SCOTTSDALE AZ ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition  
12 NAME  
13 STREET ADDRESS  
14 CITY- ST- ZIP

21 TITLE EXVP ASST. SEC. GEN. COUNSEL ☒ Change ☐ Addition  
22 NAME  
23 STREET ADDRESS  
24 CITY- ST- ZIP

31 TITLE EXVP CFO TREASURER AND ☒ Change ☐ Addition  
32 NAME ASST SEC.  
33 STREET ADDRESS  
34 CITY- ST- ZIP

41 TITLE EXVP SECRETARY ASST TRUS. ☒ Change ☐ Addition  
42 NAME  
43 STREET ADDRESS  
44 CITY- ST- ZIP

51 TITLE ☐ Change ☐ Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY- ST- ZIP

61 TITLE ☐ Change ☐ Addition  
62 NAME  
63 STREET ADDRESS  
64 CITY- ST- ZIP

14. I 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 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.

SIGNATURE:

Shelly K. Carr

2/4/98

(612) 586-4500

CP2E034 (10/97)