PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9400003291

FFCA ACQUISITION CORPORATION

Рплс	ipa	Place of E	susiness
17207	N.	PERIMETER	DRIVE

Mailing Address

17207 N. PERIMETER DRIVE

FILED Mar 30, 1999 8:00 am Secretary of State

03-30-1999 90005 001 ***150.00



SCOTTSUALE AZ 60200		SCOTTSUALE AZ 83233			DO NOT WRITE IN THIS SPACE				
						3. Date Incorporated or Qualifed			
						06/22/1994			ľ
2. Principal P	lace of Business	2a. Mailing Add	dress			4. FEI Number			Applied For
21		26				86-0765661		1	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75 Additional Fee Required			
City & Stat	e _	City & Stat	e			6. Election Campaign Financing		\$5.00	May Be
23		28				Trust Fund Contribution		-	to Fees
Zip	Country	Zip Country			8. This corporation owes the curre	ent year Inta	ngible		
24	25	29	30			Personal Property Tax.		Yes	⊠No
	9. Name and Address of Curren	t Registered Agent	t .			10. Name and Address of New R	legistered A	gent	
0.7	CORROBATION CYCTEM			81	Name				
	CORPORATION SYSTEM			82	Street A	ddress (P.O. Box Number is Not Accepta	ble)		-
	SOUTH PINE ISLAND ROAD					(-		
PLAI	NTATION FL 33324			83					
				84	City			85 Zip	Code
				0-4	City		FL	05 21	Code
						orporation submits this statement for the			
	egistered agent, or both, in the State i m familiar with, and accept the obligat					ation's board of directors. I hereby accep	t the appoin	tment as r	registered
• .	a.								Ì
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable.	(NOTE: Regis	tered Agen	signature req	guired when reinstating)	DATE		
12.	OFFICERS AN	D DIRECTORS		13.		ADDITIONS/CHANGES TO OF	FICERS AND	DIRECT	ORS IN 12
TITLE	CEOP		DELETE 1	1.1 TITLE				Change	Addition
NAME	FLEISCHER, MORTON H		1	1.2 NAME	.				
STREET ADDRESS	17207 N. PERIMETER DR.		1	1.3 STREET	ADDRESS				
CITY-ST-ZIP	SCOTTSDALE AZ		1	1.4 CITY-ST	- ZIP				
TITLE	VPS		DELETE 2	2.1 TITLE	1	EX.VP/GC/AS		Change	Addition
NAME	Ruben, Dennis L.		2	2.2 NAME		·			
STREET ADDRESS	17207 N PERIMETER DR		2	2.3 STREET	ADDRESS				
CITY-ST-ZIP	SCOTTSDALE AZ		2	2. 4 CITY-S	Γ-ZIP				
TITLE	VPTS		DELETE 3	3.1 TITLE	G	EXUP/C FO/AS		Change	☐ Addition
NAME	BARRAVECCHIA, JOHN R		3	3.2 NAME		ŕ	-	ť]
STREET ADDRESS	17207 N. PERIMETER DR.		3	3.3 STREET	ADDRESS				
CITY-ST-ZIP	SCOTTSDALE AZ		3	3.4. CITY-5					
TITLE	VPST		DELETE 4	1,1 TITLE	4	EXVP/CO/AT		Change	☐ Addition
NAME	VOLK, CHRISTOPHER H.		4	. 2 NAME	İ			•	
STREET ADDRESS	17207 N. PERIMETER DR.		4	.3 STREET	ADDRESS				ì
CITY-ST-ZIP	SCOTTSDALE AZ		4	I.4 CITY-ST	- ZIP				
TITLE			DELETE 5	5.1 TITLE				Change	Addition
NAME			5	5.2 NAME					
STREET ADDRESS			5	3.3 STREET	ADDRESS				į
CITY-ST-ZIP			5	6.4 CITY-ST	-ZIP				į
TILE .			DELETE 6	3.1 TITLE				☐ Change	Addition
NAME			6	3.2 NAME					
STREET ADDRESS			6	3.3 STREET	ADDRESS				Í
CITY-ST-ZIP			6	4 CITY-ST	-ZIP	·			ļ
AA III.						0 0 110 07/0\/\) Fr 11 0/11			

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, with all other like empowered.

SIGNATURE: