

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

FILED  
Mar 26 1998 8:00am  
Secretary of State

DOCUMENT # F96000002413 (0)

1. Corporation Name

FMCI CORPORATION

Principal Place of Business

3300 GATEWAY DR  
POMPANO BCH FL 33069  
US

Mailing Address

3300 GATEWAY DR  
POMPANO BCH FL 33069  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/14/1996

4. FEI Number

65-0664159

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

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

HETZEL, GLENN  
FIRST MARKETING COMPANY  
3300 GATEWAY DR  
POMPANO BCH FL 33069

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 if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

SECRETARY/TREASURER - NO CHANGE 3/18/98

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME D  
STAMPS, E ROE  
STREET ADDRESS 600 ATLANTIC AVE, STE 2800  
CITY-ST-ZIP BOSTON MA

TITLE ☐ DELETE

NAME D  
JACQUET, ERNEST K  
STREET ADDRESS 600 ATLANTIC AVE, STE 2800  
CITY-ST-ZIP BOSTON MA

TITLE ☐ DELETE

NAME D  
HIGHER, I. MALCOLM  
STREET ADDRESS 200 PARK AVE, 17 FL  
CITY-ST-ZIP NEW YORK NY

TITLE ☒ DELETE

NAME T  
FONTAINE, CHARLES  
STREET ADDRESS 275 WASHINGTON ST.  
CITY-ST-ZIP NEWTON MA 02158-1630

TITLE ☐ DELETE

NAME P  
MARTIN, W DALE  
STREET ADDRESS 3300 GATEWAY DR  
CITY-ST-ZIP POMPANO BEACH FL

TITLE ☐ DELETE

NAME ST  
HETZER, GLENN  
STREET ADDRESS 3300 GATEWAY DR  
CITY-ST-ZIP POMPANO BCH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

12 NAME D  
ERIC LOMAS  
13 STREET ADDRESS 437 MADISON AVE  
14 CITY-ST-ZIP NEW YORK, NY 10022

2.1 TITLE ☐ Change ☐ Addition

22 NAME  
23 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

32 NAME  
33 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 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

Glenn D. Stamps

3/18/98 (954) 979-0700

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