

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra G. M. ...
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **G21343 (0)**
1. Corporation Name
F.G.R. INCORPORATED



Principal Place of Business

1331 N. MILLS AVENUE
ORLANDO FL 32803

Principal Office

1331 N. MILLS AVENUE
ORLANDO FL 32803

2. Principal Place of Business
21 **3717 Capetown Drive**
Subs. Apt. #

2a. Mailing Address
26 **3717 Capetown Drive**
Sub. Apt. #

22
23 City & State **Orlando Florida**
County **Orange**

27
28 City & State **Orlando Florida**
County **Orange**

24 **32817-1501** 25 **Orange**

29 **32817-1501** 30 **Orange**

9. Name and Address of Current Registered Agent

ICARDI, PATRICE A.
990 LEWIS DR.
WINTER PARK FL 32789

3. Date Incorporated or Created **02/01/1983** 3a. Date of Last Report **04/11/1995**

4. FEI Number **59-2259364** Applied For Not Applicable

5. Corporation 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 has liability for intangible tax under s. 190.037, Florida Statutes Yes No

10. Name and Address of New Registered Agent

81 Name **Sondra G. Abrahamson**
82 Street Address (P.O. Box Number is Not Acceptable) **3717 Capetown Drive**
83
84 City **Orlando, FL** Zip Code **32817-1501**

11. Plaintiff to file this report is required to file a statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such changes will be accepted by the corporation's board of directors. Check to accept the appointment as registered agent. I am familiar with and accept the duties of s. 609.01, Florida Statutes.

SIGNATURE *Sondra G. Abrahamson* 3/27/96

12. OFFICERS AND DIRECTORS

TYPE	<input type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME	PDT ABRAHAMSON, SONDR G
STREET ADDRESS	3717 CAPETOWN DR ORLANDO FL
CITY, ST, ZIP	ORLANDO FL
TYPE	<input type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME	VD MAPES, DAN
STREET ADDRESS	1628 HAVEN DR. ORLANDO FL
CITY, ST, ZIP	ORLANDO FL
TYPE	<input type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME	S BUTLER, SHARON L.
STREET ADDRESS	2809 REVERE CT. CASSELBERRY FL
CITY, ST, ZIP	ORLANDO FL
TYPE	<input type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TYPE	<input type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TYPE	<input type="checkbox"/> CHANGE <input type="checkbox"/> ADDITION
NAME	VD Daniel P. Mapes
STREET ADDRESS	10331-B Lockwood Drive
CITY, ST, ZIP	Cupertino, CA 95014
TYPE	<input checked="" type="checkbox"/> CHANGE <input type="checkbox"/> ADDITION
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TYPE	<input type="checkbox"/> CHANGE <input type="checkbox"/> ADDITION
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TYPE	<input type="checkbox"/> CHANGE <input type="checkbox"/> ADDITION
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

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*****200.00**

2/9/96

SIGNATURE: *Sondra G. Abrahamson*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/14/96

407-659-0598

CR2E034 (12/95)