

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

**FILED**  
**Mar 25 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # G21343 (0)**  
 1. Corporation Name  
**F.G.R. INCORPORATED**

Principal Place of Business <b>3717 CAPETOWN DR ORLANDO FL 32817-1501</b>	Mailing Address <b>3717 CAPETOWN DR ORLANDO FL 32817-1501</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>02/01/1983</b>	
21 Suite, Apt. #, etc.	22 City & State	26 Suite, Apt. #, etc.	27 City & State	4. FEI Number <b>59-2259364</b>	Applied For Not Applicable
23 Zip	25 Country	29 Zip	30 Country	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
9. Name and Address of Current Registered Agent <b>ABRAHAMSON, SONDR A 3717 CAPETOWN DR ORLANDO FL 32817-1501</b>				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	85 Zip Code <b>FL</b>
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		(NOTE: Registered Agent signature required when reinstating)		DATE	
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12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PDT ABRAHAMSON, SONDR A G</b>	1.2 NAME	
STREET ADDRESS	<b>3717 CAPETOWN DR</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ORLANDO FL</b>	1.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VD MAPES, DAN P.</b>	2.2 NAME	<b>MAPES, DAVID S.</b>
STREET ADDRESS	<b>3717 CAPETOWN DRIVE</b>	2.3 STREET ADDRESS	<b>872 RIVER ROAD</b>
CITY-ST-ZIP	<b>ORLANDO FL</b>	2.4 CITY-ST-ZIP	<b>MADISON HTS., VA 24572-9717</b>
TITLE	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>S BUTLER, SHARON L.</b>	3.2 NAME	<b>S BLUME, DIANE B.</b>
STREET ADDRESS	<b>2809 REVERE CT.</b>	3.3 STREET ADDRESS	<b>149 JOEL DRIVE</b>
CITY-ST-ZIP	<b>CASSELBERRY FL</b>	3.4 CITY-ST-ZIP	<b>HEBRON, CT 06248-1268</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>T MAPES, DANIEL P.</b>	4.2 NAME	<b>T MAPES, DANIEL P.</b>
STREET ADDRESS	<b>3717 CAPETOWN DRIVE</b>	4.3 STREET ADDRESS	<b>3717 CAPETOWN DRIVE</b>
CITY-ST-ZIP	<b>ORLANDO, FL 32817</b>	4.4 CITY-ST-ZIP	<b>ORLANDO, FL 32817-1501</b>
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *Sandra H. Abrahamson* 2/25/98 407-657-0598

CR2E034 (10/97)