

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

**FILED**  
**Mar 17, 1999 8:00 am**  
**Secretary of State**

03-17-1999 90097 001 \*\*\*150.00

|  |   |  |
|--|---|--|
| PROFIT CORPORATION<br>ANNUAL REPORT<br><b>1999</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Katherine Harris</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|--|

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

|  |  |
|--|--|
| Principal Place of Business<br>3717 CAPETOWN DR<br>ORLANDO FL 32817-1501 | Mailing Address<br>3717 CAPETOWN DR<br>ORLANDO FL 32817-1501 |
|--|--|



DO NOT WRITE IN THIS SPACE

|                                      |                           |
|--------------------------------------|---------------------------|
| 2. Principal Place of Business<br>21 | 2a. Mailing Address<br>26 |
| Suite, Apt. #, etc.<br>22            | Suite, Apt. #, etc.<br>27 |
| City & State<br>23                   | City & State<br>28        |
| Zip<br>24                            | Country<br>25             |
| Zip<br>29                            | Country<br>30             |

|   |                                       |
|---|---------------------------------------|
| 3. Date Incorporated or Qualified<br><b>02/01/1983</b>  | Applied For<br>Not Applicable         |
| 4. FEI Number<br><b>59-2259364</b>  |                                       |
| 5. Certificate of Status Desired <input type="checkbox"/>   | <b>\$8.75</b> Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>   | <b>\$5.00</b> May Be Added to Fees    |
| 8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |                                       |

9. Name and Address of Current Registered Agent

**ABRAHAMSON, SONDR A G**  
**3717 CAPETOWN DR**  
**ORLANDO FL 32817-1501**

10. Name and Address of New Registered Agent

|   |             |
|---|-------------|
| 81 Name   |             |
| 82 Street Address (P.O. Box Number is Not Acceptable) |             |
| 83  |             |
| 84 City   | <b>FL</b>   |
|   | 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |                                     | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|-------------------------------------|---|---|
| TITLE                      | PDT <input type="checkbox"/> DELETE | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | ABRAHAMSON, SONDR A G               | 1.2 NAME  |   |
| STREET ADDRESS             | 3717 CAPETOWN DR                    | 1.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | ORLANDO FL                          | 1.4 CITY-ST-ZIP                                       |   |
| TITLE                      | VD <input type="checkbox"/> DELETE  | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | MAPES, DAVID S                      | 2.2 NAME  |   |
| STREET ADDRESS             | 872 RIVER ROAD                      | 2.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | MADISON HTS. VA 24572-9717          | 2.4 CITY-ST-ZIP                                       |   |
| TITLE                      | S <input type="checkbox"/> DELETE   | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | BLUME, DIANE E                      | 3.2 NAME  |   |
| STREET ADDRESS             | 148 JOEL DRIVE                      | 3.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | HEBRON CT 06248-1263                | 3.4 CITY-ST-ZIP                                       |   |
| TITLE                      | T <input type="checkbox"/> DELETE   | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | MAPES, DANIEL P                     | 4.2 NAME  |   |
| STREET ADDRESS             | 3717 CAPETOWN DRIVE                 | 4.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | ORLANDO FL 32817-1501               | 4.4 CITY-ST-ZIP                                       |   |
| 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, with all other like empowered.

SIGNATURE: *Sandra G. Abrahamson* **SIGNATURE REQUIRED** 3/17/99 (407) 657-0598  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)