

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

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90079 040 ***150.00

0387477

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G71334

1. Corporation Name
FCDA, INC.

Principal Place of Business

1915-N DALE MABRY
SUITE 405
TAMPA FL 33607
US

Mailing Address

1915-N DALE MABRY
SUITE 405
TAMPA FL 33607
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/23/1983

4. FEI Number

59-2559799

Applied For

No: Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax.

☐

Yes

☒

No

10. Name and Address of New Registered Agent

2. Principal Place of Business

3425-W. Columbus Dr.
Suite, Apt. #, etc.

22 B

City & State

23 TAMPA, FLA.

Zip

24 33607

Country

25 U.S.

2a. Mailing Address

3425-W. Columbus Dr.
Suite, Apt. #, etc.

27 B

City & State

28 TAMPA, FLA.

Zip

29 33607

Country

30 U.S.

9. Name and Address of Current Registered Agent

COTO, FRANK
1915-N DALE MABRY
SUITE 405
TAMPA FL 33607

81 Name

FRANK COTO

82 Street Address (P.O. Box Number is Not Acceptable)

3425-W. Columbus Dr.

83 Suite B

84 City TAMPA

FL

85 Zip Code 33607

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 title if applicable.

FRANK COTO

(NO E-Registered Agent Signature required when reinstating)

DATE

4-20-99

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME COTO, FRANK
STREET ADDRESS 1915-N DALE MABRY SUITE 405
CITY-ST-ZIP TAMPA FL

TITLE SPV ☐ DELETE

NAME COTO, BONNIE L
STREET ADDRESS 1811 LAUREL OAK DR
CITY-ST-ZIP VALRICO FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☐ Addition

1.2 NAME FRANK COTO
1.3 STREET ADDRESS 3425-W. Columbus Dr. # B
1.4 CITY-ST-ZIP TAMPA, FL, 33607

2.1 TITLE SPV ☒ Change ☐ Addition

2.2 NAME BONNIE L. COTO
2.3 STREET ADDRESS 3425-W. Columbus Dr. # B
2.4 CITY-ST-ZIP TAMPA, FL, 33607

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 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 change; or on an attachment with an address, with all other like empowered.

SIGNATURE: FRANK COTO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-99
Date

813/876-9113
Daytime Phone #

CR2E034 (11/98)