

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **G79320** (9)

1. Corporation Name  
**FMC CAPITAL MARKETS, INC.**



Principal Place of Business: **4501 NORTH TAMiami TRAIL SUITE 420 NAPLES FL 33940 US**  
Mailing Address: **4501 NORTH TAMiami TRAIL SUITE 420 NAPLES FL 33940 US**

3. Date Incorporated or Qualified: **01/18/1984**  
3a. Date of Last Report: **04/17/1995**

2. Principal Place of Business  
21 **600 5th Avenue South**  
Suite, Apt. #, etc.  
22 **Suite**  
City & State  
23 **Naples, FL**  
Zip Country  
24 **33940** 25  
2a. Mailing Address  
26 **600 5th Avenue South**  
Suite, Apt. #, etc.  
27 **Suite 210**  
City & State  
28 **Naples, FL**  
Zip Country  
29 **33940** 30

4. FEI Number: **59-2365501**  
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 has liability for intangible tax under s 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent  
**SISIA, DONNA M.  
4501 TAMiami TRAIL, N.  
SUITE 420  
NAPLES FL 33940**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable): **600 5th Avenue South**  
83 **Suite 210**  
84 City: **Naples** FL 85 Zip Code: **33940**

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

TITLE	DP	<input type="checkbox"/> DELETE
NAME	SCHROEDER, MICHAEL	
STREET ADDRESS	4501 TAMiami TRAIL, N., STE. 420	
CITY - ST - ZIP	NAPLES FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	WASMER, MARTIN M.	
STREET ADDRESS	4501 TAMiami TRAIL, N. STE. 420	
CITY - ST - ZIP	NAPLES FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>600 5th Avenue South, Suite 210</b>
1.4 CITY - ST - ZIP	<b>Naples, FL 33940</b>
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	<b>600 5th Avenue South, Suite 210</b>
2.4 CITY - ST - ZIP	<b>Naples, FL 33940</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Martin M. Wasmer Date: 4/17/96 Daytime Phone #: 941-263-6877

CR2E034 (12/95)