

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED

Sep 18 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # H48432 (9)

1. Corporation Name  
FPR, II, INC.

Principal Place of Business  
1728 S CONGRESS AVE  
GREENWOOD SHOPPING CTR  
PALM SPRINGS FL 33461  
US

Mailing Address  
1728 S. CONGRESS AVE.  
PALM SPRINGS FL 33461  
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21 613 Northlake Blvd	26 613 Northlake Blvd.	3. Date Incorporated or Qualified 03/21/1985	
22 # 3	27 # 3	3a. Date of Last Report 05/01/1996	
23 North Palm Beach, FL	28 North Palm Beach, FL	4. FEI Number 59-2155018	
24 33408	29 33408	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
25 PALM BEACH	30 US	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

TAPLIN, NORMAN E  
180 ROYAL PALM WAY  
SUITE 204  
PALM BEACH FL 33480

81 Name  
HUGHES, M. Susan  
82 Street Address (P.O. Box Number is Not Acceptable)  
3075 Gardens E. Dr #10  
83  
84 City  
Palm Beach gardens FL 85 Zip Code  
33410

11. Pursuant to the provisions of Sections 607.0507 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 M. Susan Coppock-Hughes - M. Susan Coppock-Hughes 8-20-97  
(NOTE: Registered Agent signature required when re-appointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSDT COPPOCK, SUE 1728 S CONGRESS AVE. PALM SPRINGS FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition COPPOCK, Sue 613 Northlake Blvd. # 3 North Palm Beach, FL 33408
TITLE NAME STREET ADDRESS CITY-ST-ZIP		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do 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 M. Susan Coppock-Hughes

CR2E034 (4/97)