FILE NOW; FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 PM 2:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H-59164

1. Corporation Name
FSC HOLDING CORP.

Principal Place of Business	Mailing Address
6365 NW 6 WAY SUITE #320 FT.LAUDERDALE, FL. 33309	6365 NW 6 WAY SUITE #320 FT.LAUDERDALE, FL. 33309

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 5/29/85
3a. Date of Last Report: 5/23/95

2. Principal Place of Business
21 9100 S.DADELAND BLVD.
Suite, Apt. #, etc.
22 SUITE 1500
City & State
23 MIAMI, FL.
Zip 24 33156 Country 25 DADE

2a. Mailing Address
26 9100 S.DADELAND BLVD.
Suite, Apt. #, etc.
27 SUITE 1500
City & State
28 MIAMI, FL.
Zip 29 33156 Country 30 DADE

4. FEI Number: 59-2541792 ☐ 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
THE PRENTICE HALL CORP. SYSTEM, INC.
1201 HAYS STREET
SUITE #105
TALLAHASSEE, FL. 32301

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD GODFRIED M. CRONIN 6365 NW 6 WAY FT. LAUD. FL.	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	☒ Change ☐ Addition C/P/D FIORENTINO, GILBERT 9100 S.DADELAND BLVD. MIAMI, FL.
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V BROWNELL CHALSTROM 6365 NW 6 WAY FT.LAUD. FL.	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	☒ Change ☐ Addition T/S WARSMAN, SAMUEL 9100 S.DADELAND BLVD. MIAMI, FL.
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V JOHN TULLE 6365 NW 6 WAY FT.LAUD. FL.	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☒ Change ☐ Addition DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STV MILES GREENBERG 6365 NW 6 WAY FT.LAUD. FL.	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☒ Change ☐ Addition DELETE 400001518314 -06/20/95--01121--004 ****200.00 ****200.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FRANK MILLMAN 6365 NW 6 WAY FT. LAUD. FL.	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☒ Change ☐ Addition DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JOHN KAZMIERCZAK 6365 NW 6 WAY FT.LAUD. FL.	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☒ Change ☐ Addition DELETE **REMITTED BY MAIL**

5/1/95 MB

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)(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: GILBERT FIORENTINO MAY 1,1995 (305)443-8212
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #