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

APPROVED AND FILED

95 JUN -3 AM 10:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H59360** **(8)**

1. Corporation Name

FMA INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
120 W HYDE PARK PL S210 TAMPA FL 33606 US	120 W HYDE PARK PL S210 TAMPA FL 33606 US

3. Date Incorporated or Qualified: **05/29/1985**

3a. Date of Last Report: **08/15/1995**

2. Principal Place of Business — 21:

2a. Mailing Address — 26:

Suite, Apt. #, etc — 22:

Suite, Apt. #, etc. — 27:

City & State — 23:

City & State — 28:

Zip — 24: Country — 25:

Zip — 29: Country — 30:

4. FEI Number: **59-2531787** ☐ 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

DUNKEL, DAVID L.
120 W HYDE PRK PL, STE 210
TAMPA FL 33606

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CP	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	DUNKEL, DAVID L.		1.2 NAME		
STREET ADDRESS	120 W. HYDE PARK PLACE		1.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		1.4 CITY-ST-ZIP		
TITLE	DV	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	COCCHIARO, RICHARD		2.2 NAME	Cocchiaro, Richard M.	
STREET ADDRESS	20 N. WACKER DR #1465		2.3 STREET ADDRESS	20 N. Wacker Dr. Ste. 1360	
CITY-ST-ZIP	CHICAGO IL		2.4 CITY-ST-ZIP	Chicago, IL 60606	
TITLE	DV	☐ DELETE	3.1 TITLE		☒ Change ☐ Addition
NAME	SUTTER, HOWARD		3.2 NAME	Sutter, Howard M.	
STREET ADDRESS	5900 ANDREWS AVE #826		3.3 STREET ADDRESS	500 W. Cypress Creek Rd. Ste. 200	
CITY-ST-ZIP	FT. LAUDERDALE FL		3.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33309	
TITLE	TS	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	DOMINICI, PETER		4.2 NAME		
STREET ADDRESS	120 W. HYDE PARK PLACE		4.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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 added on an attachment with an address.

SIGNATURE: David L. Dunkel 5/20/96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

813-258-8855
10-6-3