

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # H59360 (8)

1. Corporation Name
FMA INTERNATIONAL, INC.

Principal Place of Business

120 W HYDE PARK PL
~~SMO~~
TAMPA FL 33606
US

Mailing Address

120 W HYDE PARK PL
~~SMO~~
TAMPA FL 33606-2340
US

2. Principal Place of Business

21 Suite, Apt. #, etc.
22 #150

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.
27 #150

28 City & State

29 Zip

30 Country

3. Date Incorporated or Qualified

05/29/1985

3a. Date of Last Report

06/03/1996

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 ~~2K~~
TAMPA FL 33606

10. Name and Address of New Registered Agent

81 Name

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

83 SUITE #150

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	CP	<input type="checkbox"/> DELETE
NAME	DUNKEL, DAVID L.	
STREET ADDRESS	120 W. HYDE PARK PLACE	
CITY-ST-ZIP	TAMPA FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	COCCHIARO, RICHARD	
STREET ADDRESS	20 N. WACKER DR #1360	
CITY-ST-ZIP	CHICAGO IL 60608	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	SUTTER, HOWARD	
STREET ADDRESS	500 W. CYPRESS CREEK RD. ST #200	
CITY-ST-ZIP	FT. LAUDERDALE FL 33309	
TITLE	TS	<input type="checkbox"/> DELETE
NAME	DOMINICI, PETER	
STREET ADDRESS	120 W. HYDE PARK PLACE	
CITY-ST-ZIP	TAMPA FL	
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 type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	SUITE #150
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	D
2.3 STREET ADDRESS	700002160527--7
2.4 CITY-ST-ZIP	-04/30/97--01063--019
3.1 TITLE	***1485.00 ***185.00
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	DTV
4.2 NAME	
4.3 STREET ADDRESS	SUITE #150
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	DV
5.3 STREET ADDRESS	SUTTER, JAMES D.
5.4 CITY-ST-ZIP	120 W. HYDE PARK PLACE, SUITE #150
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	S
6.3 STREET ADDRESS	CALCATERA, THOMAS
6.4 CITY-ST-ZIP	120 W. HYDE PARK PLACE, SUITE #150

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PETER DOMINICI (DTV)

Date

4/20/97

Daytime Phone #

813-251-1700

FILED

97 APR 30 PM 2:52

SECRETARY OF STATE
TALLAHASSEE FLORIDA



CR2E034 (9/96)