


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

FILED

Jan 29 1997 8:00am
Secretary of State

| | | |
|--|---|--|
| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # H66554 (7)
 1. Corporation Name
F & V ENTERPRISES I, INC.

| | |
|---|---|
| Principal Place of Business % FRANK J. MORALES 7300 W. MCNAB RD., SUITE 112 TAMARAC FL 33321-5329 | Mailing Address % FRANK J. MORALES 7300 W. MCNAB RD., SUITE 112 TAMARAC FL 33321-5329 |
|---|---|



| | | | | | |
|---|--|--|---|---|--|
| 2. Principal Place of Business 21 HOME Suite, Apt. #, etc. 22 8214 N.W. 41 ST City & State 23 CORAL SPRINGS FL. Zip 24 33065 | | 2a. Mailing Address 26 SAME Suite, Apt. #, etc. 27 SAME City & State 28 SAME Zip 29 SAME Country 30 SAME | | 3. Date Incorporated or Qualified 07/15/1985 | 3a. Date of Last Report 05/01/1996 |
| 4. FEI Number 59-2554977 | | Applied For <input type="checkbox"/> Not Applicable | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| 9. Name and Address of Current Registered Agent MORALES, FRANK J. 7300 W. MCNAB RD. SUITE 112 TAMARAC FL 33319 | | | 10. Name and Address of New Registered Agent 81 Name FRANK J MORALES 82 Street Address (P.O. Box Number is Not Acceptable) SAME AS ABOVE 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 *Frank J. Morales* DATE 1-10-97
(Signature of current or proposed 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 | SD <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MORALES, VIRGINIA M. | 1.2 NAME | |
| STREET ADDRESS | 8588 N.W. 18TH PLACE 8214 N.W. 41ST | 1.3 STREET ADDRESS | |
| CITY - ST - ZIP | CORAL SPRINGS FL C.S. FL 33065 | 1.4 CITY - ST - ZIP | |
| TITLE | DP <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MORALES, FRANK J. | 2.2 NAME | |
| STREET ADDRESS | 8588 N.W. 18TH PLACE 8214 N.W. 41ST | 2.3 STREET ADDRESS | |
| CITY - ST - ZIP | CORAL SPRINGS FL C.S. FL 33065 | 2.4 CITY - ST - ZIP | |
| TITLE | VP <input checked="" type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LOWE, DAVID J. | 3.2 NAME | |
| STREET ADDRESS | 7300 W. MCNAB RD., #112 | 3.3 STREET ADDRESS | |
| CITY - ST - ZIP | TAMARAC FL | 3.4 CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 4.4 CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 5.4 CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 6.4 CITY - ST - ZIP | |

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 as an attachment with an address.

SIGNATURE: *David J. Lowe* DATE 1-10-97 (954) 752 7524
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)