

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

PROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONSFILED
Apr 21 1997 8:00am
Secretary of State

DOCUMENT # J12482

(2)

1. Corporation Name

FPM MANAGEMENT, INC.



Principal Place of Business

Mailing Address

~~4 PHILLIS STRATOTT~~
1276 MINNESOTA AVENUE
WINTER PARK FL 32789639 LOYOLA AVE
1700
NEW ORLEANS LA 70113-0102
US

2. Principal Place of Business

2a. Mailing Address

21 1276 MINNESOTA AVE

26 1276 MINNESOTA AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 WINTER PARK, FL

28 WINTER PARK, FLORIDA

24 Zip

Country

29 Zip

Country

3 2789

US

32789

US

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

04/30/1986

3a. Date of Last Report

05/01/1996

4. FEI Number

59-2666025

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETENAME LAZORITZ, MARTIN
STREET ADDRESS 1276 MINNESOTA AVE. #200
CITY, ST, ZIP WINTER PARK FLTITLE VS ☐ DELETENAME MANDELKERN, I, PAUL
STREET ADDRESS 1276 MINNESOTA AVE. #200
CITY, ST, ZIP WINTER PARK FLTITLE T ☐ DELETENAME SYMON, PHILIP G
STREET ADDRESS 1276 MINNESOTA AVE
CITY, ST, ZIP WINTER PARK FLTITLE VPD ☐ DELETENAME WARWICK, SYMPHERS
STREET ADDRESS 639 LOYOLA AVE SUITE 1725
CITY, ST, ZIP NEW ORLEANS LATITLE ☐ DELETENAME
STREET ADDRESS
CITY, ST, ZIPTITLE ☐ DELETENAME
STREET ADDRESS
CITY, ST, ZIPTITLE ☐ DELETENAME
STREET ADDRESS
CITY, ST, ZIP1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/03/97

504-585-0514

Date Daytime Phone #

CR2E034 (9/96)