


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

FILED
Apr 13 1998 8:00am
Secretary of State

| | | |
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| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|--|

DOCUMENT # J12482 (2)
1. Corporation Name
FPM MANAGEMENT, INC.

| | |
|---|---|
| Principal Place of Business 1276 MINNESOTA AVE WINTER PARK FL 32789 US | Mailing Address 1276 MINNESOTA AVE WINTER PARK FL 32789 US |
|---|---|



DO NOT WRITE IN THIS SPACE

| | | | | | |
|--------------------------------|-----------------|------------------------|-----------------|---|-------------------------------|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 04/30/1986 | |
| 21 Suite, Apt. #, etc. | 22 City & State | 26 Suite, Apt. #, etc. | 27 City & State | 4. FEI Number 59-2666025 | Applied For Not Applicable |
| 23 Zip | 24 Country | 28 Zip | 29 Country | 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

| | | | | | |
|--|--|--|--|---|-------------------|
| 9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 | | | | 10. Name and Address of New Registered Agent | |
| | | | | 81 Name | |
| | | | | 82 Street Address (P.O. Box Number is Not Acceptable) | |
| | | | | 83 | |
| | | | | 84 City | 85 Zip Code FL |

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 | | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | |
|----------------------------|--------------------------|--|--|---|-------------------------------|--|--|
| TITLE | PD | <input type="checkbox"/> DELETE | | 1.1 TITLE | EVP | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | LAZORITZ, MARTIN | | | 1.2 NAME | Martin Lazoritiz | | |
| STREET ADDRESS | 1276 MINNESOTA AVE. #200 | | | 1.3 STREET ADDRESS | 1276 Minnesota Avenue | | |
| CITY-ST-ZIP | WINTER PARK FL | | | 1.4 CITY-ST-ZIP | Winter Park, FL | | |
| TITLE | VS | <input type="checkbox"/> DELETE | | 2.1 TITLE | VP | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | MANDELKERN, I, PAUL | | | 2.2 NAME | I. Paul Mandelkern | | |
| STREET ADDRESS | 1276 MINNESOTA AVE. #200 | | | 2.3 STREET ADDRESS | 1276 Minnesota Avenue | | |
| CITY-ST-ZIP | WINTER PARK FL | | | 2.4 CITY-ST-ZIP | Winter Park, FL | | |
| TITLE | T | <input checked="" type="checkbox"/> DELETE | | 3.1 TITLE | P/D | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
| NAME | SYMON, PHILIP G | | | 3.2 NAME | Bert G. Cibran | | |
| STREET ADDRESS | 1276 MINNESOTA AVE | | | 3.3 STREET ADDRESS | One Alhambra Plaza, Suite 750 | | |
| CITY-ST-ZIP | WINTER PARK FL | | | 3.4 CITY-ST-ZIP | Coral Gables, FL | | |
| TITLE | VPD | <input checked="" type="checkbox"/> DELETE | | 4.1 TITLE | EVP/D | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
| NAME | WARWICK, SYPHERS | | | 4.2 NAME | Carol C. Lang | | |
| STREET ADDRESS | ONE ALHAMBRA PLAZA | | | 4.3 STREET ADDRESS | One Alhambra Plaza, Suite 750 | | |
| CITY-ST-ZIP | CORAL GABLES FL | | | 4.4 CITY-ST-ZIP | Coral Gables, FL | | |
| TITLE | | <input type="checkbox"/> DELETE | | 5.1 TITLE | VP/S/T | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
| NAME | | | | 5.2 NAME | Daniel A. Sims | | |
| STREET ADDRESS | | | | 5.3 STREET ADDRESS | One Alhambra Plaza, Suite 750 | | |
| CITY-ST-ZIP | | | | 5.4 CITY-ST-ZIP | Coral Gables, FL | | |
| TITLE | | <input type="checkbox"/> DELETE | | 6.1 TITLE | AS | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
| NAME | | | | 6.2 NAME | Isa Diaz | | |
| STREET ADDRESS | | | | 6.3 STREET ADDRESS | One Alhambra Plaza, Suite 750 | | |
| CITY-ST-ZIP | | | | 6.4 CITY-ST-ZIP | Coral Gables, FL | | |

14. I 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 in an attachment with an address.

SIGNATURE:

I. Paul Mandelkern

4/6/98 (407) 647-6153

CR2E034 (10/97)