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Apr 21 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 # J76670

(5)

1. Corporation Name

FIRST AMERICAN CENTRE, INC.

Principal Place of Business

599 NW SHARPE ST
2014 SE ELMHURST RD
PORT ST LUCIE FL 34983
US

Mailing Address

599 NW SHARPE ST
2014 SE ELMHURST RD
PORT ST LUCIE FL 34983-1037
US

3. Date Incorporated or Qualified

06/08/1987

3a. Date of Last Report

03/05/1996

4. FEI Number

52-1520128

Applied For

Not Applicable

2. Principal Place of Business

21 201 SW Port St Lucie Blvd

2a. Mailing Address

27 201 SW Port St Lucie Blvd

Suite, Apt. #, etc.

22 206

Suite, Apt. #, etc.

27 Port St Lucie, Suite 206

City & State

23 Port St Lucie, FL

City & State

28 Port St Lucie, FL

Zip

24 34984

Country

25 USA

Zip

29 34984

Country

30 USA

9. Name and Address of Current Registered Agent

PARUPIA, ARIF
599 NW SHARPE ST
PORT ST LUCIE FL 34983

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

Signature type and printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PTD ☐ DELETE

NAME PARUPIA, ARIF
STREET ADDRESS 2014 SE ELMHURST RD
CITY - ST - ZIP PORT ST LUCIE FL

TITLE VSD ☐ DELETE

NAME PARUPIA, CYNTHIA
STREET ADDRESS 2014 SE ELMHURST RD
CITY - ST - ZIP PORT ST LUCIE FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 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

ARIF PARUPIA

4/10/97

561-878-8700

Daytime Phone #

CR2E034 (9/96)