DOCU	JMENT	# K6	2928		•	٠.					h-1		, _U , _
FCP HOLDINGS, INC.				English Control of the Control of th					FILED				
Principal Place of Business				Mailing Address					01 SEP -5 PM 2: 05				
1401 Highway A-1-A Vero Beach, FL 32963				1401 Highway A-1-A Vero Beach, FL 32963					SECRETARY OF STATE TALLAHASSEE, FLORIDA				
2. Principal Place of Business				3. Mailing Address							. *		
Suite, Apt. #, etc.				Suite, Apt. #, etc.					DO NOT WRITE IN THIS SPACE				
City & State				City & State			,		4. FEI Number 65-0125100			· ·	Applied For
Zip Country				Zip		Cour	Country		5. Certificate of Status Desired See Require			dditional	
	6. Name	and Addres	s of Current R	egistered	Agent			7.	Name and Address	of New Re	gistered Aç	ent	
William W. Caldwell 756 Beachland Blvd. Vero Beach, FL 32963				. '		-	Name Street Address (P.O. Box Number is Not Acceptable)						
							City				FL	Zip Co	de
Tax filing	Signature, typed operation is eligitared in the second in	FILE NOWILL FEE After MAY (1/2001) Fee Make Chack Psyable to D			will be \$5	50.00	10. Election Cam Trust Fund Co		ncing		00 May Be ed to Fees		
11.		OFF	ICERS AND DI	RECTORS	5	12.		AD	DITIONS/CHANGES	TO OFFICI	ERS AND D	RECTO	RS IN 11
TITLE NAME STREET AODRESS CITY-ST-ZIP	1401 H	lighway	Peters, AlA, Su Florida	ite 2							[] Change	Addition
TITLE NAME TREET ADDRESS TTY-ST-ZIP					☐ Delete	4	1				C] Change	Addition
TTLE HAME TREET ADDRESS HTY-ST-ZIP			-		☐ Delete	1	- 1] Change	☐ Addition
ITLE AME TREET ADDRESS ITY-ST-ZIP		****			☐ Delete			·····	3000	045	716	Change	Addition
ITLE AME TREET ADORESS ITY-ST-ZIP					Celete		T ADORESS] Change	☐ Addition
TLE	l					CHY-	ST-ZIP						1

13. I hereby certify that the information supplied with this filips does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is tole 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 employment to execute the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with a other employment.

SIGNATURE:

8/30/01

561-231-5885

Distant His est



ACCOUNT NO. : 072100000032

REFERENCE

458716

4355221

AUTHORIZATION

COST LIMIT

ORDER DATE: September 5, 2001

ORDER TIME : 11:41 AM

ORDER NO. : 458716-005

CUSTOMER NO: 4355221

CUSTOMER: William W. Caldwell, Esq

Collins, Brown, Caldwell 756 Beachland Boulevard

Vero Beach, FL 32963

ANNUAL REPORT FILING

NAME: FCP HOLDINGS, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sara Lea - Ext. 1114

EXAMINER'S INITIALS:

DIVISION OF CORPORATION