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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L00646

(4)

F.D.C., INC. Principal Place of Business Mailing Address 200 S ORANGE AVE 200 S ORANGE AVE **SUITE 1950 SUITE 1950** ORLANDO FL 32001 ORLANDO FL 32801-3439 3. Date Incorporated or Qualified 3a. Date of Last Report 07/05/1989 03/22/1996 2. Principal Place of Business 2a. Mailing Address Applied For 59-2962427 26 Not Applicable 21 Suite, Apt. #, etc. Suite Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Zip Country Zip Country This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes Yo 24 25 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name 81 COTON, FRED, D 200 S. ORANGE AVENUE Street Address (P.O. Box Number is Not Acceptable) **SUITE 1950** 83 ORLANDO FL 32801 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 prioted name of registered agent and trie if applicable (NOTE: Registered Agent's gnature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Change ☐ Addition TITLE 1.1 TITLE COTON, FREDERICK DALE 1.2 NAME NAME 200 S. ORANGE AVENUE, SUITE 1950 STREET ADDRESS 1.3 STREET ADDRESS ORLANDO FL CITY-ST-ZIP 1.4 CITY - ST-ZIP DELETE Change Addition TITLE 2.1 TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2 4 CITY-ST-ZIP CITY-S1-2H DELETE Change Addition TITLE 3 t TITLE NAME 32 NAME STREET ADDRESS **3.3 STREET ADDRESS** 3 4. CITY - ST- ZIP CITY - ST - ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4 2 NAME STREET ADDRESS 4 3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-7IP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST-ZIP Addition DEL ETE Change 6.1 TITLE TITLE NAME 6.2 NAME 6.3 STREET ADDRESS 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

SIGNATURE:

appears in Block 12 or Block 13 if changed, or on an attac

FILED

Jan 21 1997 8:00am

Secretary of State