

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M03502 (5)

1. Corporation Name

F.C.R. INC.



Principal Place of Business

Mailing Address

% W. ROBERT FRIEH
18526 N.W. 67TH AVE.
MIAMI FL 33015
US

% W. ROBERT FRIEH
18531 NW 57 CT.
MIAMI FL 33015

3. Date Incorporated or Qualified

07/30/1984

3a. Date of Last Report

04/07/1995

4. FEI Number

59-2495202

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

1104 NE 118 ST.

27

Suite, Apt. #, etc.

28

BISCAYNE PARK, FL.

29

33161

30

US

9. Name and Address of Current Registered Agent

FRIEH, W. ROBERT
19531 N.W. 57TH CT.
MIAMI FL 33015

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

W. ROBERT FRIEH

Signature, typed or printed name of registered agent; and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-25-96

DATE

12. OFFICERS AND DIRECTORS

TITLE

DPT

☐ DELETE

NAME

FRIEH, W. ROBERT
19531 N.W. 57TH CT.
MIAMI FL

STREET ADDRESS

CITY - ST - ZIP

TITLE

DVS

☐ DELETE

NAME

PRINGLE, TIM A
19531 NW 57 CT
MIAMI FL

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

W. ROBERT FRIEH

DATE

4/25/96

DAY/MO/PHONE #

305/557-7572

CR2E034 (12/95)