

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **M60239** (4)
1. Corporation Name
FMS EQUITY CORP.



Principal Place of Business Mailing Address
20660 W. DIXIE HIGHWAY N. MIAMI BEACH FL 33180

3. Date Incorporated or Qualified **09/29/1987** 3a. Date of Last Report **03/17/1995**
4. FEI Number **65-0011428** 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. 193.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 State, Apt #, etc 26 State, Apt #, etc
22 City & State 27 City & State
23 Zip 28 Zip
24 Country 29 Country

9. Name and Address of Current Registered Agent
**MAIORANA, ANTONIO S.
3321 NORTH 34TH STREET
HOLLYWOOD FL 33021**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Numbers is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0501 and 607.1505, 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 changes were made known by the corporation's board of directors, or by a majority of the shareholders, and I am familiar with, and accept the changes, in accordance with Florida Statutes.

SIGNATURE: *[Signature]* DATE: **4.12.96**

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	KLOTZ, JAMES A.	
STREET ADDRESS	16220 WEST PRESTWICK PL	
CITY-STATE-ZIP	MIAMI LAKES FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FERN SILVER, PAUL	
STREET ADDRESS	20660 W DIXIE HWY	
CITY-STATE-ZIP	NORTH MIAMI BCH FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MAIORANA, TONY	
STREET ADDRESS	3321 N. 34TH ST.	
CITY-STATE-ZIP	HOLLYWOOD FL 33021	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2 NAME	
3 STREET ADDRESS	
4 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5 NAME	
6 STREET ADDRESS	
7 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
8 NAME	
9 STREET ADDRESS	
10 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11 NAME	
12 STREET ADDRESS	
13 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14 NAME	
15 STREET ADDRESS	
16 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
17 NAME	
18 STREET ADDRESS	
19 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 119.071(9)(c), Florida Statutes. I further certify that the information indicated on this form is true and correct to the best of my knowledge and belief 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, and that the name or business employed to execute this report, as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, and that the information is true and correct.

SIGNATURE: *[Signature]* DATE: **4.12.96** **305-937-0660**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)