

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N35003 (5)
1. Corporation Name
FACVPR, INC.



Principal Place of Business

Mailing Address

FACVPR
PO BOX 10175
TAMPA FL 33679-175
US

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PO BOX 10175
TAMPA FL 33679-175
US

3. Date Incorporated or Qualified 10/31/1989	3a. Date of Last Report 05/23/1995
4. FEI Number 59-2980717	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

BYRAN, PAM
3809 TAMPA CIRCLE EAST
TAMPA FL 33629

10. Name and Address of New Registered Agent

81 Name ANDREW S WINSLOW
82 Street Address (P.O. Box Number is Not Acceptable) 2829 WEST NELEON ST
83
84 City TAMPA
85 Zip Code FL 33609

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

6 June 1996

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD DRIMMER, AMI 3001 W DR. MARTIN L KING BLVD TAMPA FL	1.1 TITLE	PD TIPTON, DEBRA 2835 N OCEAN BLVD FT LAUDERDALE, FL 33308
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	DC TIPTON, DEBRA 1801-B N.E. 2ND STREET POMPANO BEACH FL 33060	2.1 TITLE	TA WINSLOW, ANDREW S 2829 WEST NELEON TAMPA FL 33609
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	DC LUI, KAREN 8088 BRETON CIRCLE FT MYERS FL	3.1 TITLE	VD ROY, JULIE 303 N CLYDE HARRIS BLVD DAYTONA BEACH FL 32114
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	D RYAM, PAMELA 3809 TAMPA CIRCLE E TAMPA FL	4.1 TITLE	SD JOLLY, JANET 1201 JACARANDA BLVD STE 1223 VENICE, FL 33592
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	VD LEVINE, PAT 11471 SW 105 TERR MIAMI FL	5.1 TITLE	D
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	DC D'ANGELO, STEVE 14617 DAYBREAK DR LUTZ FL	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 617, 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

6 June 1996

Date

813-873 2673

Daytime Phone #