


FILE NOW: FILING FEE IS \$61.25

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Feb 04 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000002334 (8)**

1. Corporation Name

FBACC, INC.



Principal Place of Business	Mailing Address
17129 U.S. HIGHWAY 19 NORTH CLEARWATER FL 34624	17129 U.S. HIGHWAY 19 NORTH CLEARWATER FL 34624-7503

3. Date Incorporated or Qualified 05/01/1996	3a. Date of Last Report
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2. Principal Place of Business	2a. Mailing Address
21	26 P.O.B 5857
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28 Clearwater, Florida
Zip	Zip
24	29 34618
Country	Country
25	30 USA

4. FEI Number 59-3385395	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" 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	

9. Name and Address of Current Registered Agent
LINDLEY, JERRY 17129 U.S. HIGHWAY 19 NORTH CLEARWATER FL 34624

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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> DELETE
NAME	LINDLEY, JERRY
STREET ADDRESS	2462 INDIAN TRAIL EAST
CITY-ST-ZIP	PALM HARBOR FL 34683
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	SCONZA, TONY
STREET ADDRESS	2090 RIDGE LANE ROAD
CITY-ST-ZIP	CLEARWATER FL 34615
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	HOUGHTON, JOANNE
STREET ADDRESS	4325 RIDGEMOOR DR., NORTH
CITY-ST-ZIP	PALM HARBOR FL 34685
TITLE	D <input type="checkbox"/> DELETE
NAME	HUNT, DEBORAH
STREET ADDRESS	2613 BURNTFORK DRIVE
CITY-ST-ZIP	CLEARWATER FL 34621
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	S
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	D
5.3 STREET ADDRESS	Cotton Smith
5.4 CITY-ST-ZIP	2221 Buena Vista Dr, Clearwater, FL 34624
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	T
6.3 STREET ADDRESS	Phil Raskin
6.4 CITY-ST-ZIP	746 Countryside Lane Palm Harbor, FL 34683

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Deborah A. Hunt 1/24/97 813-530-8218
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0087638

CR2E037 (9/96)