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**Mar 16 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P36443 (0)

1. Corporation Name
FCP, INC.

Principal Place of Business % 2763 1ST AVENUE NORTH ST. PETERSBURG FL 33713 US	Mailing Address % 2763 1ST AVENUE NORTH ST. PETERSBURG FL 33713 US
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

3. Date Incorporated or Qualified 11/25/1991		
4. FEI Number 04-2867023	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent

**RICHARD, JEFFREY P
2763 1ST AVENUE NORTH
ST. PETERSBURG FL 33713**

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	PD	<input type="checkbox"/> DELETE
NAME	LEARY, KEVIN W	
STREET ADDRESS	6 HOLLY LANE	
CITY-ST-ZIP	COHASSET MA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MCSORELY, JOHN	
STREET ADDRESS	300 CONGRESS ST	
CITY-ST-ZIP	QUINCY MA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BRUEN, ELLA JANE	
STREET ADDRESS	363 BISHOPS HIGHWAY	
CITY-ST-ZIP	KINGSTON MA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MORRISEY, DONALD	
STREET ADDRESS	7 MEADOW LANE	
CITY-ST-ZIP	SCITUATE MA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MASON, RAYMOND J	
STREET ADDRESS	10 STONE AVE.	
CITY-ST-ZIP	SCITUATE MA	
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 checked="" type="checkbox"/> Addition
1.2 NAME	D STEVE DMOHOWSKI
1.3 STREET ADDRESS	71 SEDGEWICK DR.
1.4 CITY-ST-ZIP	SCITUATE, MA 02066
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	D COURTNEY CAHILL
2.3 STREET ADDRESS	706 MAIN ST.
2.4 CITY-ST-ZIP	WYEMOUTH, MA 02196
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 type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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: *Raymond J Mason, President* 7-25-98 (107)479-4060

CPRE037 (10/97)