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PROFIT  
CORPORATION  
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Morham

Secretary of State

DIVISION OF CORPORATIONS

1996-96

B-

1734

NC

DOCUMENT # P92000009688 (2)

1. Corporation Name

FGC ENTERPRISES, INC.



Principal Place of Business

ALBERT H. SAKOLSKY  
550 BILTMORE WAY. STE. 720  
CORAL GABLES FL 33134

Mailing Address

ALBERT H. SAKOLSKY  
550 BILTMORE WAY. STE. 720  
CORAL GABLES FL 33134

3. Date Incorporated or Qualified

12/04/1992

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SAKOLSKY, ALBERT H  
550 BILTMORE WAY, STE. 720  
CORAL GABLES FL 33134

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

Signature, typed or printed name of registered agent and filer (if applicable)

(NOTE: Registered Agent Signature required when making change)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME SAKOLSKY, ALBERT H  
STREET ADDRESS 550 BILTMORE WAY STE 720  
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE ☐ DELETE

NAME BUNASSAR, PETER  
STREET ADDRESS 9603 FOUNTAINEBLEU BLVD  
CITY-ST-ZIP MIAMI FL 33172

TITLE ☐ DELETE

NAME BAUMGARTNER, SALLY L  
STREET ADDRESS 550 BILTMORE WAY STE 720  
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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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 on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/27/96

305-447-9299

Director's Phone #

CR2E034 (12/95)