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

SIGNATURE:

FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT DIVISION OF CORPORATION 199621-96 P92000009688 (2) DOCUMENT # Corporation Name FGC ENTERPRISES, INC. Principal Place of Business Mailing Address ALBERT H. SAKOLSKY ALBERT H. SAKOLSKY 550 BILTMORE WAY, STE. 720 550 BILTMORE WAY, STE. 720 CORAL GABLES FL 33134 CORAL GABLES FL 33134 3a. Date of Last Report 3. Dute Incorporated or Qualified 12/04/1992 05/01/1995 2. Principal Place of Business 2a. Mailing Address 4. FET Number Applied For 65-0372252 21 26 Not Applicable Suite, Apt. #, etc. Suite, Aprt. #, etc \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Z(p)Country Country 8. This corporation has liability for intangible tax under s. 199.032, 24 25 Yes No 29 30 Elorda Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name SAKOLSKY, ALBERT H Street Address (P.O. Box Number is Not Acceptable) 82 550 BILTMORE WAY, STE. 720 CORAL GABLES FL 33134 83 84 City 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. Signature, typed or printed name, of registered agent and this it applicable NOTE: Boy sterior Agent Signar DATE CR2E034 (12/95) 12 OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 1. 1 TIBLE ☐ Change Addit an SAKOLSKY, ALBERT H 1.2 NAME 550 BILTMORE WAY STE 720 STREET ADDRESS 1.3 STREET ADDRESS **CORAL GABLES FL 33134** CITY-ST-ZIF 1.4 CHY+ST-ZIP TITLE THE DELETE ___ Addition 2 1 TITLE D Change BUNASSAR, PETER NAME 2.2 NAME 9603 FOUNTAINEBLEU BLVD STREET ADDRESS 2.3 STREET ADDRESS **MIAMI FL 33172** 24 CHY-ST ZP THE DELETE Change 3 1 T-TLE Addition BAUMGARTNER, SALLY L NAME 3.2 NAME 550 BILTMORE WAY STE 720 STREE! ADDRESS 3.3 STREET ADDRESS **CORAL GABLES FL 33134** CITY - ST- ZIP 3.4 CHY - <u>\$1 - ZIP</u> 11116 ☐ DELETE 4.17(11) Change Add tion NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CHY-ST ZIP 4.4 CITY - ST - ZIP TITLE DELETE 5 1 TH. E Change nc tibbb. NAME 5.2 NAME STREET ADDRESS 5.3 \$1REET ADDRESS CITY - ST - ZIP 5.4 CITY - S1 - 7IP TIFLE DELETE 6 1 TIPLE ☐ Char ge ■ Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CHTY-ST-ZIP 64 C/1Y - 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. 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 it made under early that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 007, Florida Statutes; and that my name appears in Block 12 or Block 11 if changed, or on applicablinient with an address. tachment with an address

OF SIGNING OFFICER OR D