FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P92000009688 (2)

FGC ENTERPRISES, INC.

Mailing Address

ALBERT H. SAKOLSKY

Principal Place of Business

SIGNATURE:

ALBERT H. SAKOLSKY

FILED Jan 16 1998 8:00am Secretary of State



CORAL GABLES FL 33134			CORAL GABLES FL 33134					DO NOT WRITE IN THIS SPACE		
			Comme of Society is a solid t					3. Date Incorporated or Qualified		
İ								12/04/1992		
2. Principal Place of Business				2a. Mailing Address				4. FEI Number Applied For		
21			26					65-0372252 Not Applicable		
Suite, Apt.	#, etc.		Suite, Apt. #, etc.					SS 75 Additional		
22				27				5. Certificate of Status Desired Fee Required		
City & State	0		1	City & State				6. Election Campaign Financing \$5.00 May Be		
23				28				Trust Fund Contribution Added to Fees		
Zip				Ziρ Cou			,	8. This corporation owes or has paid the current year Intangible		
24		25	29		30			Personal Property Tax due June 30. Yes No		
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent										
SAKOLSKY, ALBERT H							81 Name			
		E WAY, STE. 720		,			Con Charles (D.O. D. Markett in Markett Con Charles (Con			
CORAL GABLES FL 33134				į			82 Street Address (P.O. Box Number is Not Acceptable)			
CONAL GADLES FL 33134							33			
								the same of the sa		
						84	City	85 Zip Code		
dd Byrayant	to the arouse	one of Sections 607 0600	and 60	7 1E09 Florido Statut	or the	1	L.	d comparation submits this atstances for the purpose of changing its regulatored		
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.										
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.										
SIGNATURE								The second secon		
	Signature, typed	or printed name of registered agent					nt signature	re required when reinstating) DATE		
12.		OFFICERS AND	DIREC		13.	_		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	4/4/ 61 PEPER 41		☐ DELETE	1.7 1			☐ Chạnge ☐ Aḍdiṭion		
NAME	SAKOLSKY, ALBERT H				1.2 N	1.2 NAME				
STREET ADDRESS 550 BILTMORE WAY STE 720					1.3 STF		ADDRESS			
CITY-ST-ZIP	CORAL	GABLES FL 33134			1.40	HTY-Ş	T-ZIP			
TITLE	VP DELETE 2		2.1 T	2.1 TITLE		☐ Change ☐ Addition				
NAME	BUNASS	AR, PETER			2.2 N	AME				
STREET ADDRESS	9603 FO	UNTAINEBLEU BLVD			2.3 9	TREET	ADDRESS			
CITY-ST-ZIP MIAMI FL 33172				2.44		2. 4 CITY-ST-ZIP				
TITLE				DELETE	DELETE 3.1 TIT			Change Addition		
NAME	BAUMGARTNER, SALLY L			3.2 N		3.2 NAME				
STREET ADDRESS	DV TMORE 1/11/ OTE				3.3 STF		ADDRESS			
CITY-ST-ZIP	00011 010150 51 00101				3.4. CITY-ST-ZIP					
TOTLE				DELETE				Change Addition		
NAME						VAME	[
STREET ADDRESS							ADDRESS			
CITY-ST-ZIP TITLE				DELETE	4.4 C	ITY-ST	1-212	Change Addition		
· · · I				_ DELETE	1			La Change. El Addition		
NAME					5.2 N		į			
STREET ADDRESS					5.3 \$	TREET.	ADDRESS			
CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·			_	ITY-S?	Y-ZIP			
TITLE				☐ DELETE	6.1 Ti	TLE	j	Change Addition		
NAME					6.2 N	AME	Ì			
STREET ADDRESS					6.3 8	TREET	ADDRESS			
CITY-ST-ZIP					6.4 C	ITY-ST	r <u>- ZIP</u>			
14. I hereby co	ertify that the	information supplied with	this fili	ng does not qualify fo	r the ex	empt	ion state	ted in Section 119.07(3)(i), Florida Statutes. I further certify that the information		
officer or d	14. I hereby certify that the information supplied with this filling 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.									
Block 12 or Block 13 if changed or on an attachment with an address.										