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Feb 11 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P93000052326 (4)

1. Corporation Name  
FLM ASSOCIATES INC.



Principal Place of Business  
1971 HERITAGE DR.  
PORT ST. LUCIE FL 34952  
US

Mailing Address  
6971 HERITAGE DR.  
PORT ST. LUCIE FL 34952-8229  
US

3. Date Incorporated or Qualified 07/26/1993	3a. Date of Last Report 01/22/1996
4. FEI Number 65-0427060	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	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent LECONTE, RUTH 2697 CALUSA ST. PORT ST. LUCIE FL 34952	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 FL
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D MONGNO, VINCENT	1.1 TITLE	
NAME	542 PROSPECT ST.	1.2 NAME	
STREET ADDRESS	WESTFIELD NJ	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	D MONGNO, EUGENE	2.1 TITLE	
NAME	1111 WYCHOWOOD RD.	2.2 NAME	
STREET ADDRESS	WESTFIELD NJ	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	P MONGNO, PATRICK	3.1 TITLE	
NAME	C/O 2193 HEATHWOOD CR.	3.2 NAME	
STREET ADDRESS	PORT ST. LUCIE FL 34952	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	V FERRARO, JOHN	4.1 TITLE	
NAME	C/O 2193 HEATHWOOD CR.	4.2 NAME	
STREET ADDRESS	PORT ST. LUCIE FL 34952	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	ST LECONTE, RUTH	5.1 TITLE	
NAME	C/O 2193 HEATHWOOD CR.	5.2 NAME	
STREET ADDRESS	PORT ST. LUCIE FL 34952	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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

SIGNATURE: \_\_\_\_\_ DATE: 4/1/97 DAYTIME PHONE: 904-654-7901

CR2E034 (9/96)