

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000074508 (1)

1. Corporation Name

F.S.P. GROUP, INC.



Principal Place of Business

Mailing Address

1451 BRIARWOOD CT
SAFETY HARBOR FL 34695
US

1451 BRIARWOOD CT
SAFETY HARBOR FL 34695
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

FLAMAND, PHILIP M
1451 BRIARWOOD CT
SAFETY HARBOR FL 34695

3. Date Incorporated or Qualified
10/19/1993

3a. Date of Last Report
04/17/1995

4. FET Number
59-3205675

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

10. Name and Address of New Registered Agent

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 607.0602 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 607.0501, Florida Statutes.

SIGNATURE

Signature of Registered Agent or Director

Signature of Registered Agent or Director

Date

1/19/96

12. OFFICERS AND DIRECTORS

1.1 TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

1.2 TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

1.3 TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

1.4 TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

1.5 TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

1.6 TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

1.2 TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

1.3 TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

1.4 TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

1.5 TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

1.6 TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

1.7 TITLE
NAME
STREET ADDRESS
CITY-STATE-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 supplement 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 my address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/19/96 8137993903

Daytime Phone

CR2E034 (12/95)