

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Jan 27 1997 8:00am
Secretary of State

DOCUMENT # **P94000009449 (7)**

1. Corporation Name
FYCON PROPERTIES, INC.

Principal Place of Business

**1320-26TH STREET
ORLANDO FL 32805**

Mailing Address

**1320-26TH STREET
ORLANDO FL 32805-5227**

3. Date Incorporated or Qualified

02/04/1994

3a. Date of Last Report

04/17/1996

4. FEI Number

~~58-2045008~~ 59-3362238

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 **25**

2a. Mailing Address

26 **P.O. Box 0550860**

Suite, Apt. #, etc.

27 City & State

28 **Orlando, FL 32855-0860**

29 Zip Country

30

9. Name and Address of Current Registered Agent

**GIULIANO, JAMES A
1320 26TH STREET
ORLANDO FL 32805**

10. Name and Address of New Registered Agent

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 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 of officer or registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **C** ☐ DELETE

NAME **SINGLETON, GEORGE J**
STREET ADDRESS **7466 N CAMINO SIN VACAS**
CITY-ST-ZIP **TUCSON AZ**

TITLE **TS** ☐ DELETE

NAME **GIULIANO, JAMES A**
STREET ADDRESS **2290 BLOSSOMWOOD DR.**
CITY-ST-ZIP **OMIEDO FL 32765**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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:

James A. Giuliano
J. A. Giuliano

1/30/97 407-422-3051

Date Daytime Phone #

CR2E034 (9/96)