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Jan 27 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 # P94000017281 (4)

1. Corporation Name  
FCA MANAGEMENT COMPANY, INC.



Principal Place of Business  
1651 SE TIFFANY AVE.  
PORT ST. LUCIE FL 34952-7518

Mailing Address  
1651 SE TIFFANY AVE.  
PORT ST. LUCIE FL 34952-7518

3. Date Incorporated or Qualified  
03/03/1994

3a. Date of Last Report  
03/29/1996

4. FEI Number  
65-0472503

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

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LEVY, ROBERT I  
1651 SE TIFFANY AVE.  
PORT ST. LUCIE FL 34952-7518

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 607.0502 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, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME LEVY, ROBERT I  
STREET ADDRESS 2099 NW PINETREE WAY  
CITY-ST-ZIP STUART FL 34994

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE D  
NAME GLIDER, ROSS E  
STREET ADDRESS 841 CATALINA ST.  
CITY-ST-ZIP PALM CITY FL 34990

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE D  
NAME FALKENBERG, RICHARD  
STREET ADDRESS 1801 SE ERWIN RD.  
CITY-ST-ZIP PORT ST. LUCIE FL 34952

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE D  
NAME COHEN, DEAN S  
STREET ADDRESS 2101 SE HERRON  
CITY-ST-ZIP PORT ST. LUCIE FL 34952

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE D  
NAME YOUNG, ERIC K  
STREET ADDRESS 5210 HICKORY DR.  
CITY-ST-ZIP FT. PIERCE FL 34982

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE D  
NAME URBAN, KENNETH  
STREET ADDRESS 1344 SE MACARTHUR BLVD.  
CITY-ST-ZIP STUART FL 34996

6.1 TITLE  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (9/96)