

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

FILED  
May 15 1998 8:00am  
Secretary of State

|                                                |                                                                                   |                                                                                                           |
|------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| PROFIT<br>CORPORATION<br>ANNUAL REPORT<br>1998 |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>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

DO NOT WRITE IN THIS SPACE

|                                |     |                     |               |                                                                                                                                                              |  |
|--------------------------------|-----|---------------------|---------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 2. Principal Place of Business |     | 2a. Mailing Address |               | 3. Date Incorporated or Qualified                                                                                                                            |  |
| 21                             |     | 26                  | P.O. Box 9033 | 03/03/1994                                                                                                                                                   |  |
| Suite, Apt. #, etc.            |     | Suite, Apt. #, etc. |               | 4. FEI Number                                                                                                                                                |  |
| 22                             |     | 27                  |               | 65-0472503                                                                                                                                                   |  |
| City & State                   |     | City & State        |               | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required                                                                     |  |
| 23                             |     | Stuart, Florida     |               | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees                                                  |  |
| 24                             | Zip | 25                  | Country       | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
|                                |     | 29                  | 34995         | 30 U.S.                                                                                                                                                      |  |

9. Name and Address of Current Registered Agent

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

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 607.0502 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                      | 1.1 TITLE                                             | CD                      |
| NAME                       | LEVY, ROBERT I          | 1.2 NAME                                              | Harman, Richmond M      |
| STREET ADDRESS             | 2099 NW PINETREE WAY    | 1.3 STREET ADDRESS                                    | 301 Hospital Ave.       |
| CITY-ST-ZIP                | STUART FL 34994         | 1.4 CITY-ST-ZIP                                       | Stuart, Florida 34994   |
| TITLE                      | D                       | 2.1 TITLE                                             | VCD                     |
| NAME                       | GLIDER, ROSS E          | 2.2 NAME                                              | Robitaille, Mark E      |
| STREET ADDRESS             | 841 CATALINA ST.        | 2.3 STREET ADDRESS                                    | 301 Hospital Ave.       |
| CITY-ST-ZIP                | PALM CITY FL 34990      | 2.4 CITY-ST-ZIP                                       | Stuart, Florida 34994   |
| TITLE                      | D                       | 3.1 TITLE                                             | TD                      |
| NAME                       | FALKENBERG, RICHARD     | 3.2 NAME                                              | Cocorullo, L Mark       |
| STREET ADDRESS             | 1801 SE ERWIN RD.       | 3.3 STREET ADDRESS                                    | 301 Hospital Ave.       |
| CITY-ST-ZIP                | PORT ST. LUCIE FL 34952 | 3.4 CITY-ST-ZIP                                       | Stuart, Florida 34994   |
| TITLE                      | D                       | 4.1 TITLE                                             | SD                      |
| NAME                       | COHEN, DEAN S           | 4.2 NAME                                              | Donohus, Salvatore R MD |
| STREET ADDRESS             | 2101 SE HERRON          | 4.3 STREET ADDRESS                                    | 301 Hospital Ave.       |
| CITY-ST-ZIP                | PORT ST. LUCIE FL 34952 | 4.4 CITY-ST-ZIP                                       | Stuart, Florida 34994   |
| TITLE                      | D                       | 5.1 TITLE                                             | VPD                     |
| NAME                       | YOUNG, ERIC K           | 5.2 NAME                                              | Robbins, Howard         |
| STREET ADDRESS             | 5210 HICKORY DR.        | 5.3 STREET ADDRESS                                    | 301 Hospital Ave.       |
| CITY-ST-ZIP                | FT. PIERCE FL 34982     | 5.4 CITY-ST-ZIP                                       | Stuart, Florida 34994   |
| TITLE                      | D                       | 6.1 TITLE                                             | D                       |
| NAME                       | URBAN, KENNETH          | 6.2 NAME                                              | Tagliareni, John C      |
| STREET ADDRESS             | 1344 SE MACARTHUR BLVD. | 6.3 STREET ADDRESS                                    | 301 Hospital Ave.       |
| CITY-ST-ZIP                | STUART FL 34998         | 6.4 CITY-ST-ZIP                                       | Stuart, Florida 34994   |

14. I 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

*Mark E. Robitaille* 4/19/98

CR2E034 (10/97)