

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 # P94000024635 (2)

1. Corporation Name

FCCD COMPANIES, INC.



Principal Place of Business

1372 45TH STREET
ORLANDO FL 32839

Mailing Address

1372 45TH STREET
ORLANDO FL 32839

3. Date Incorporated or Qualified
03/31/1994

3a. Date of Last Report
01/30/1995

2. Principal Place of Business	2a. Mailing Address
21 12319 S. Orange Blossom Trail	26 12319 S. Orange Blossom Trail
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 #190	27 #190
City & State	City & State
23 ORLANDO, FL	28 ORLANDO, FL
Zip	Zip
24 32837	29 32837
Country	Country
25 ORANGE	30 ORANGE

4. FEI Number	Applied For
59-3232964	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

JOHNSON, GARY L
6230 DONEGAL DR
ORLANDO FL 32819

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	COST	1.1 TITLE	VTSD
NAME	JOHNSON, GARY L	1.2 NAME	
STREET ADDRESS	6230 DONEGAL DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32819	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	
NAME	OPPEL, EDWARD	2.2 NAME	
STREET ADDRESS	1372 45TH STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32839	2.4 CITY-ST-ZIP	
TITLE	VPO	3.1 TITLE	PD
NAME	PARKER, STEVEN L	3.2 NAME	
STREET ADDRESS	1372 45TH STREET	3.3 STREET ADDRESS	12319 S. ORANGE BLOSSOM TRAIL #190
CITY-ST-ZIP	ORLANDO FL 32839	3.4 CITY-ST-ZIP	ORLANDO, FL 32837
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		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 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 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

GARY L. JOHNSON

4/26/96

407-240-1336

Date

Daytime Phone #

CR2E034 (12/95)