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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra 8 Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

P94000035072 (5) **DOCUMENT #** 1. Corporation Name

FM CAPITAL CITY CORP.

Principal Place of Business	Mailing Address
1401 MANATEE AVENUE WEST SHADENTON FL 34205 US	1401 MANATEE AVENUE WEST 1110 BRADENTON FL 34205 US
2. Principal Place of Business	2a. Mailing Address

BRADENTON US	FL 34205	BRADENTON FL 34205 US			05/11/1994 0		te of Last Report 06/14/1995	
2. Principal Plac	e of Business	2a. Mailing Address			4. FEI Number		Applied For	
21		26			65-0516670		Not Applicable	
Suite, Apt. #.	etc. (010	Surte, Apt. #, etc.	٠ (10	5. Certificate of Status Desired		8.75 Additional Fee Required	
City & State	1140	City & State			Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
Zip	Country	7 _(p)	Country		8. This corporation has liability for	ıntangible tax u	inder's 199.032,	
24	25	29 30			Florida Statutes	□ No		
24	g. Name and Address of Currer		1		10. Name and Address of New R	legistered Ag	ent	
SUITE-1 BRADEN 11. Pursuant to or registere	NATEE AVENUE WEST HO TON FL 34205 The provisions of a gray by 050 diagent, or bent in the provisions of a gray by 050 diagent, or bent in the provisions of a gray by 050 diagent, or bent in the provisions of a gray by 050 diagent, or bent in the provisions of th	1998. th change was a ithionzed by 1997.05 to Florida Statutes 1998. The Joynton 2000 of the Joynton Brown	y the cont	Oity named comp oration's bo	dress (P.O. Box Number is Not Acceptate or atom submits this statement for the purific of directors. Thereby accept the apparent sectors. ADDITIONS/CHANGES TO OFF	FL rpose of changontment as re	gistered agent.	
12.	OFFICERS AN	ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFF		Change Addition	
TITLE (<u> </u>	☐ DELETE	1 FTIFLE				-	
NAME	ROSENBLUM, FRANK B	·	1.2 NAME		9797 Southeide Sacksonville, FL	BINA		
STREET ADDRESS	3007 SHAMROCK NORTH			LADDRESS	To be as will a	3215	5	
CITY-ST-ZIP	TALLAHASSEE FL 32308		1.4 CITY -	S* - 21F	DACKSONALICE , PC	<u> </u>	Change Addition	
TITLE	D	DECETE:	2 1 DFvE				Gridings [_] Addition.	
NAME STREET ADDRESS	MCKAY, JOHN M 1401 MANATEE AVENUE W	rest #610	2.2 NAME 2.3 STREE	I ADDPESS				

BRADENTON FL 34205 CITY-ST-ZIP Change Addition DELFTE 3 1 TITLE TITLE 3.2 NAME NAME 3.3 STHEE! ADDRESS STREET ADDRESS 3.4 CITY S1 - ZIF CITY - ST - ZIP Change Addition DELETE 4 1 19115 TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 City - ST, ZIP CITY-ST-ZIP Addition Change DELETE 5 1 THEE TOTLE 5.2 NAMÉ NAME 5 3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST. 7/P. CITY - ST - ZIP Change Addition DELETE 6 1 TITLE TITLE 6.2 NAMî NAME 6.3 STREET ADDRESS STREET ADDRESS

€ 4 CH r - ST - ZIP 14. If 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 ruport or supplemental armual report is true and accurate and that my signature shall have the same legal effect as if made under cath; that I am an officer or director of the corporation optile receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and triat my name appears in Block 12 or Block 13 if chapped or on programment with an address

SIGNATURE:

SIGNING OFFICER OR DIRECTOR

Daytusé Phore #