

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000035319 (0)

1. Corporation Name

FPC PROPERTIES II, INC.



Principal Place of Business

Mailing Address

111 E MORGAN ST
BRANDEN FL 33510
US

PO BOX 2838
BRANDEN FL 33509
US

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

24

29

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LEE, JOHN W
11534 MONETTE RD.
RIVERVIEW FL 33569

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 to be applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	DELETE
NAME	STUART, W J	
STREET ADDRESS	517 CHARLES PLACE	
CITY - ST - ZIP	BRANDON FL 33511	
TITLE	D	DELETE
NAME	LEE, JOHN W	
STREET ADDRESS	11534 MONETTE RD.	
CITY - ST - ZIP	RIVERVIEW FL 33569	
TITLE	D	DELETE
NAME	PENNYWITT, RALPH E	
STREET ADDRESS	504 ORANGE LAWN	
CITY - ST - ZIP	VALRICO FL 33594	
TITLE	D	DELETE
NAME	STANDAERT, JOSEPH P	
STREET ADDRESS	4617 RIDGECREST DR.	
CITY - ST - ZIP	BRANDON FL 33511	
TITLE	D	DELETE
NAME	TALIAFERRO, ROBERT R	
STREET ADDRESS	107 LOCUST DR.	
CITY - ST - ZIP	BRANDON FL 33511	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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 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

Date

Daytime Phone #

2-23-96

813 689-8635

CR2E034 (12/95)