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FILED

**Feb 24 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # P94000038633 (1)
1. Corporation Name
FMV, INC.



Principal Place of Business: **C/O MONTERO FINIZIO VELASQUEZ & WEISSING
200 SE 9TH ST.
FT LAUDERDALE FL 33316**

Mailing Address: **C/O MONTERO FINIZIO VELASQUEZ & WEISSING
200 SE 9TH ST.
FT LAUDERDALE FL 33316**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 [] Suite, Apt. #, etc.

22 [] City & State

23 [] Zip [] Country

24 [] 25 []

2a. Mailing Address

26 [] Suite, Apt. #, etc.

27 [] City & State

28 [] Zip [] Country

29 [] 30 []

3. Date Incorporated or Qualified
05/23/1994

4. FEI Number
65-0491898

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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

**FINIZIO, PAUL
200 SE 9 ST
FT LAUDERDALE FL 33316**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 []

84 City

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: *Paul Finizio* DATE: **2/5/98**

Signature typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

DELETE

TITLE: **D**

NAME: **BRIGLIO, BARBARA**

STREET ADDRESS: **22 E TENTH ST**

CITY-ST-ZIP: **FT LAUDERDALE FL 33316**

TITLE: **D**

NAME: **THORNTON, PAMELA**

STREET ADDRESS: **22 E TENTH ST**

CITY-ST-ZIP: **FT LAUDERDALE FL 33316**

TITLE: DELETE

NAME: []

STREET ADDRESS: []

CITY-ST-ZIP: []

TITLE: DELETE

NAME: []

STREET ADDRESS: []

CITY-ST-ZIP: []

TITLE: DELETE

NAME: []

STREET ADDRESS: []

CITY-ST-ZIP: []

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Change Addition

1.1 TITLE

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 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: *Paul Finizio* DATE: **2/5/98** **561-994-9131**

CR2E034 (10/97)