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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-06/12/96--01050--002

****\$675.00 ****\$225.00

PROFIT CORPORATION ANNUAL REPORT 1996		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P94000061917 (8) 1. Corporation Name F.D.S.M. Corporation			
Principal Place of Business 1720 Harrison Street Suite 1810 Hollywood, FL 33020		Mailing Address 1720 Harrison Street Suite 1810 Hollywood, FL 33020	
2. Principal Place of Business 21 3000 NE 30th Place Suite, Apt. #, etc. 22 Suite 207 City & State 23 Ft. Lauderdale, FL Zip 24 33306		2a. Mailing Address 25 3000 NE 30th Place Suite, Apt. #, etc. 26 Suite 207 City & State 27 Ft. Lauderdale, FL Zip 28 33306 Country 29 USA 30 USA	
9. Name and Address of Current Registered Agent Oldani, Joseph J II 1720 Harrison St. Suite 1805 Hollywood, FL 33020		10. Name and Address of New Registered Agent 81 Name Alfred Florio 82 Street Address (P.O. Box Number is Not Acceptable) 3000 NE 30th Place 83 Suite 207 84 City Ft. Lauderdale FL 85 Zip Code 33306	
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 <i>Alfred Florio</i> Alfred Florio 6/11/96 (NOTE: Registered Agent's signature required when reinstating)			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DELE NAME Oldani, Joseph J II STREET ADDRESS 1720 Harrison St 1805 CITY-ST-ZIP Hollywood, FL		1.1 TITLE P/T/D 1.2 NAME Alfred Florio 1.3 STREET ADDRESS 3000 NE 30th Place, Ste 207 1.4 CITY-ST-ZIP Ft. Lauderdale, FL 33306	
TITLE DELE NAME STREET ADDRESS CITY-ST-ZIP		2.1 TITLE V/S 2.2 NAME Carolyn Schulz 2.3 STREET ADDRESS 3000 NE 30th Place, Ste 207 2.4 CITY-ST-ZIP Ft. Lauderdale, FL 33306	
TITLE DELE NAME STREET ADDRESS CITY-ST-ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE DELE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE DELE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE DELE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 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: <i>Alfred Florio, President</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Alfred Florio, President		6/11/96 (954) 630-0880 Date Daytime Phone #	