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May 14 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000064961 (3)

1. Corporation Name
FMC CAPITAL CORP.

Principal Place of Business

2255 GLADES ROAD
SUITE 124A
BOCA RATON FL 33431
US

Mailing Address

2255 GLADES ROAD
SUITE 124A
BOCA RATON FL 33431-7360
US



3. Date Incorporated or Qualified 08/30/1994
3a. Date of Last Report 04/22/1996

4. FEI Number 65-0523871
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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

2. Principal Place of Business

21 Suite 2255 Glades Ste 425W
22 City & State

23 Zip

24

2a. Mailing Address

25 Suite 2255 Glades Ste 425W
26 City & State

27 Zip

28 Country

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
NAME	PS MICHEUN, FRANK R.	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
STREET ADDRESS	5070 HEATHERHILL LN #5	2.1 TITLE	2.2 NAME
CITY-ST-ZIP	BOCA RATON FL	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
TITLE		3.1 TITLE	3.2 NAME
NAME		3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
STREET ADDRESS		4.1 TITLE	4.2 NAME
CITY-ST-ZIP		4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
TITLE		5.1 TITLE	5.2 NAME
NAME		5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
STREET ADDRESS		6.1 TITLE	6.2 NAME
CITY-ST-ZIP		6.3 STREET ADDRESS	6.4 CITY-ST-ZIP

14. I do 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 registered agent 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.

CR2E034 (9/96)