FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

FILED

May 04 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000064961 (3)

FMC CAPITAL CORP.

SIGNATURE:

11110 01	W 11712 O	O(III -										
Principal Place of Business Mailing Address												
2255 GLADES				GLADES RD								
STE 425 W STE 425-W												
BOCA RATON FL 33431 BOCA RATON FL 33431							DO NOT WRITE IN THIS SPACE					
us us								ncorporated or Qu	alified		Ţ	
2. Principal Place of Business 2a. Mailing Address								0/1994				
	ace of Busin	iess		2a. Mailing Address				Imber		}-	Applied For	
21 Suite, Apt. #	t etc			Suite, Apt #, etc.				<u>0523871</u>		¢9.7	Not Applicable 5 Additional	
22	,, 010.		-	27			5. Certific	cate of Status Desi	red	1 1 7 -	- Required	
City & State)			City & State			6. Fiection	on Campaign Finar	ncina		00 May Be	
23			28	28			Trust Fund Contribution Added to Fees					
Zip Country			Z	Zip Country			8. This corporation owes or has paid the current year Intengible					
24	25		29				Personal Property Tax due June 30. Yes No					
	9. Name	and Address of C	urrent Register	ed Agent				10. Name and Address of New Registered Agent				
· MIC	HELIN, FR	ank r			8	1 Name						
2255 GLADES ROAD 82							treet Address (P.O. Box Number is Not Acceptable)					
SUITE 124A						<u> </u>						
BOCA RATON FL 33431												
						City				—. 85 Z	ip 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								<u> </u>		DATE		
12. OFFICERS AND DIRECTORS						·		ONS/CHANGES TO				
TITLE	PS	M 554445		☐ DELETE	1.1 TITLE			O- 1 h	00	PA Chan	ge 🔲 Addition	
MICHELIN, FRANK R.						1.2 NAME .5080 COKOMP			W	N/ 9	ارسدد	
STREET ADDRESS 5079 HEATHERHILL LN #5 CITY-ST-ZIP BOCA RATON FL						T ADDRESS	BOCA RATON, FL 33486				486	
CITY-ST-ZIP	BUCA H	ATUN FL		Dru cre	1.4 CITY -		70011	1.1110M	, -			
TITLE				∐ DELET e	2.1 TITLE					Chan	ge L Addition	
NAME					2.2 NAME	1						
STREET ADDRESS					1	T ADDRESS						
CITY-ST-ZIP TITLE				DELETE	2. 4 CITY 31 TITLE					☐ Chan	e Addition	
NAME				Section	3.2 NAME						,	
STREET ADDRESS						T ADDRESS						
CITY-ST-ZIP					3.4. CITY						İ	
TITLE				DELETE	4.1 TITLE					Chan	ge Addition	
NAME					4. 2 NAM							
STREET ADDRESS					1	T ADDRESS						
CITY-ST-ZIP					4.4 CITY-	1						
TITLE				DELETE	5.1 TITLE					Chan	e Addition	
NAME					5.2 NAME							
STREET ADDRESS					5.3 STREE	T ADDRESS						
CITY-ST-ZIP					5.4 CITY	.ST-21P					}	
TITLE		······································		DELETE	6.1 TITLE					☐ Chan	ge Addition	
NAME ·					6.2 NAME	:						
STREET ADDRESS					6.3 STREE	T ADDRESS					Į	
CITY-ST-ZIP					6.4 CITY]	
14 hereby ce	erlify that th	e information supp	lied with this filin	g does not qualify	v for the exem	ntion stated	in Section 119.0	7(3)(i), Florida Sta	tutes. I fo	urther certify that	the information	
officer or d Block 12 o	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 eccuver or trulitee 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 attal thrustitwith an address.											