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FILED

Feb 24 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 # P95000030181 (8)

1. Corporation Name  
FIRST CORPORATE CENTER, INC.



Principal Place of Business

%JOHN C. TRAMMEL  
215 S. OLIVE AVE.  
WEST PALM BEACH FL 33401-5686

Mailing Address

%JOHN C. TRAMMEL  
215 S. OLIVE AVE.  
WEST PALM BEACH FL 33401-5617

3. Date Incorporated or Qualified 04/18/1995  
3a. Date of Last Report 03/20/1996

2. Principal Place of Business

21 C/O John C. Trammel

Suite, Apt. #, etc.  
22 450 S. Australian Avenue

City & State  
23 West Palm Beach, Florida

Zip Country  
24 33401 25 U.S.A.

2a. Mailing Address

26 C/O John C. Trammel

Suite, Apt. #, etc.  
27 P.O. Box 3515

City & State  
28 West Palm Beach, Florida

Zip Country  
29 33402-3515 30 U.S.A.

4. FEI Number

65-0569604

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

9. Name and Address of Current Registered Agent

TRAMMEL, JOHN C  
215 S. OLIVE AVE.  
WEST PALM BEACH FL 33401-5686

10. Name and Address of New Registered Agent

81 Name

Trammel, John C.

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

450 S. Australian Avenue

83

84 City

West Palm Beach

FL

85 Zip Code

33401

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

John C. Trammel, Senior Vice President

2/14/97

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
D	DAVIS, LOUIS O JR.	127 THORNTON DR.	PALM BEACH GARDENS FL 33418	<input type="checkbox"/>
D	TRAMMEL, JOHN C	6405 INDIAN WELLS BLVD	BOYNTON BEACH FL 33437	<input type="checkbox"/>
D	QUEMPLE, R. RANDY	1559 GRANTHAM DR.	WEST PALM BEACH FL 33414	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY - ST - ZIP	Change	Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>

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 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:

John C. Trammel, Senior Vice President

2/14/97

Date Daytime Phone #

CR2E034 (9/96)