

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P95000031094 (2)

1. Corporation Name
FM II, INC.



Principal Place of Business: 9551 BAYMEADOWS RD SUITE 4 JACKSONVILLE FL 32256
Mailing Address: 9551 BAYMEADOWS RD SUITE 4 JACKSONVILLE FL 32256

3. Date incorporated or Qualified: 04/11/1995
3a. Date of Last Report
4. FEI Number: 59-3314712
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

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30
Suite, Apt. #, etc.
City & State
Zip Country

9. Name and Address of Current Registered Agent
STOKES, E. CHESTER JR
9551 BAYMEADOWS RD
SUITE 4
JACKSONVILLE FL 32256

10. Name and Address of New Registered Agent
81 Name: STOKES, E. CHESTER JR
82 Street Address (P.O. Box): 9551 BAYMEADOWS RD SUITE 4 JACKSONVILLE FL 32256
83 City: JACKSONVILLE
84 City: JACKSONVILLE FL 85 Zip Code: 32256

11. Pursuant to the provisions of Sections 607.0607 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 607.0605, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	D	DELETE
NAME	STOKES, E. CHESTER JR	
STREET ADDRESS	9551 BAYMEADOWS RD	
CITY-ST-ZIP	JACKSONVILLE FL 32256	
TITLE	D	DELETE
NAME	BERGMANN, THOMAS C	
STREET ADDRESS	9551 BAYMEADOWS RD	
CITY-ST-ZIP	JACKSONVILLE FL 32256	
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

1.1 TITLE	DP	Change	Addition
1.2 NAME	STOKES, E. CHESTER JR		
1.3 STREET ADDRESS	9551 BAYMEADOWS ROAD, SUITE 4		
1.4 CITY-ST-ZIP	JACKSONVILLE, FL 32256		
2.1 TITLE	DV	Change	Addition
2.2 NAME	BERGMANN, THOMAS C		
2.3 STREET ADDRESS	9551 BAYMEADOWS ROAD, SUITE 4		
2.4 CITY-ST-ZIP	JACKSONVILLE, FL 32256		
3.1 TITLE	V	Change	Addition
3.2 NAME	BRAREN, MICHAEL E.		
3.3 STREET ADDRESS	9551 BAYMEADOWS ROAD, SUITE 4		
3.4 CITY-ST-ZIP	JACKSONVILLE, FL 32256		
4.1 TITLE	V	Change	Addition
4.2 NAME	WALLACE, L. DENISE		
4.3 STREET ADDRESS	9551 BAYMEADOWS ROAD, SUITE 4		
4.4 CITY-ST-ZIP	JACKSONVILLE, FL 32256		
5.1 TITLE	VT	Change	Addition
5.2 NAME	FREDENHAGEN, SHARON W.		
5.3 STREET ADDRESS	9551 BAYMEADOWS ROAD, SUITE 4		
5.4 CITY-ST-ZIP	JACKSONVILLE, FL 32256		
6.1 TITLE	S	Change	Addition
6.2 NAME	HICE, SHERRY		
6.3 STREET ADDRESS	9551 BAYMEADOWS ROAD, SUITE 4		
6.4 CITY-ST-ZIP	JACKSONVILLE, FL 32256		

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: Sherry Hice
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Sherry Hice

4/9/96 904/739-2249

CR2E084 (12/95)

5-1-96
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