

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

FILED
May 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 32256-0107
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3. Date Incorporated or Qualified 04/11/1995	3a. Date of Last Report 05/01/1996
4. FEI Number 59-3314712	Applied For <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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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 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL

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: _____ DATE: _____
Signature: Type or print name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP STOKES, E. CHESTER JR 9551 BAYMEADOWS RD. SUITE 4 JACKSONVILLE FL 32258	<input type="checkbox"/> DELETE	11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV BERGMANN, THOMAS C 9551 BAYMEADOWS RD. SUITE 4 JACKSONVILLE FL 32258	<input type="checkbox"/> DELETE	21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V BRAREN, MICHAEL E 9551 BAYMEADOWS RD. SUITE 4 JACKSONVILLE FL 32258	<input type="checkbox"/> DELETE	31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V WALLACE, DENISE L 9551 BAYMEADOWS RD. SUITE 4 JACKSONVILLE FL 32258	<input type="checkbox"/> DELETE	41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VT FREDENHAGEN, SHARON W 9551 BAYMEADOWS RD. SUITE 4 JACKSONVILLE FL 32258	<input type="checkbox"/> DELETE	51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S HICE, SHERRY (M) 9551 BAYMEADOWS RD. SUITE 4 JACKSONVILLE FL 32258	<input type="checkbox"/> DELETE	61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY - ST - ZIP

<input type="checkbox"/> Change <input type="checkbox"/> Addition
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<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Sherry Hice* **REQUIRED** **4/22/97** **904/739-2249**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
 Sherry Hice

CR2E034 (9/96)