FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT 1996

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

DOCUMENT # P95000053947 (4)

1. Corporation Name

FCB ENTERPRISES INC.

Principal Place of Business	Mailing Address
P.O. BOX 551312 JACKSONVILLE FL 32255	P.O. BOX 551312 JACKSONVILLE FL 32255

3. Date Incorporated or Qualified: 07/10/1995
3a. Date of Last Report: N/A

2. Principal Place of Business
21 100 Riverside Ave. 1st Flr
Suite, Apt. #, etc.
22 Jacksonville, FL
City & State
23 32202
Zip 24 32202 Country 25 Duval

2a. Mailing Address
26 Po Box 551312
Suite, Apt. #, etc.
27 Jacksonville, FL
City & State
28
Zip 29 32255 Country 30 Duval

4. FEI Number: 59 3329305 — ☐ 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**

BURNS, FRASER C
822 COQUILIA BAY
PONTE VEDRA BCH FL 32082

10. **Name and Address of New Registered Agent**

81 Name: Fraser C. Burns
82 Street Address (P.O. Box Number is Not Acceptable): 100 Riverside Ave. 1st Flr
83
84 City: Jacksonville FL 85 Zip Code: 32202

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] Fraser C. Burns President & owner 1/17/96
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	
TITLE	PD	☒ DELETE	1.1 TITLE	President & owner ☒ Change ☐ Addition
NAME	CASTRINOS, KIM		1.2 NAME	Fraser Burns
STREET ADDRESS	822 COQUINA BAY		1.3 STREET ADDRESS	822 Coquina Bay
CITY-ST-ZIP	PONTE VEDRA BCH FL 32082		1.4 CITY-ST-ZIP	Ponte Vedra Bch, FL 32082
TITLE		☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME			2.2 NAME	
STREET ADDRESS			2.3 STREET ADDRESS	
CITY-ST-ZIP			2.4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

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: [signature] 1/17/96 (904) 353-3988
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)