

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

PROFIT CORPORATION ANNUAL REPORT 1997



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

**FILED**

97 MAY 19 PM 1:51

DOCUMENT # P95000060625 (7)

1. Corporation Name  
ORNDA FMC, INC.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business: 5000 WEST OAKLAND PARK BLVD. FORT LAUDERDALE FL 33313  
Mailing Address: 5000 WEST OAKLAND PARK BLVD. FORT LAUDERDALE FL 33313-1503

3. Date Incorporated or Qualified: 08/07/1995  
3a. Date of Last Report: 04/19/1996

2. Principal Place of Business: 3820 State Street, Santa Barbara, CA 93105, USA  
2a. Mailing Address: c/o Mary H. Yumibe, 3820 State Street, Santa Barbara, CA 93105, USA

4. FEI Number: 65-0638327  
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: CT CORPORATION SYSTEM, 1200 SO. PINE ISLAND ROAD, PLANTATION FL 33324

10. Name and Address of New Registered Agent: 81 Name, 82 Street Address (P.O. Box Number is Not Acceptable), 83 800002123878--9, 84 City

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 when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	PITTS, KEITH B	
STREET ADDRESS	3401 WEST END AVENUE STE 700	
CITY-ST-ZIP	NASHVILLE TN 37203	
TITLE	AS	<input checked="" type="checkbox"/> DELETE
NAME	ABBOTT, KAREN H	
STREET ADDRESS	3401 WEST END AVENUE STE 700	
CITY-ST-ZIP	NASHVILLE TN 37203	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HOUGH, WILLIAM L	
STREET ADDRESS	17330 NW 7 AVE SUITE 204	
CITY-ST-ZIP	MIAMI FL 33169	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Michael H. Focht, Sr.	
1.3 STREET ADDRESS	3820 State Street	
1.4 CITY-ST-ZIP	Santa Barbara, CA 93105	
2.1 TITLE	DVS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Scott M. Brown	
2.3 STREET ADDRESS	3820 State Street	
2.4 CITY-ST-ZIP	Santa Barbara, CA 93105	
3.1 TITLE	VCFO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Trevor Fetter	
3.3 STREET ADDRESS	3820 State Street	
3.4 CITY-ST-ZIP	Santa Barbara, CA 93105	
4.1 TITLE	VT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Terence P. McMullen	
4.3 STREET ADDRESS	3820 State Street	
4.4 CITY-ST-ZIP	Santa Barbara, CA 93105	
5.1 TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Alan Lundgren	
5.3 STREET ADDRESS	3820 State Street	
5.4 CITY-ST-ZIP	Santa Barbara, CA 93105	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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: Scott M. Brown, Secretary 3/14/97 805/563-7075

CR2E034 (9/96)

805-19-97