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FILED
May 12 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 # P96000094977 (1)

1. Corporation Name
FFPC, INC.



Principal Place of Business
1508 SAN IGNACIO AVE
SUITE 200
CORAL GABLES FL 33146

Mailing Address
1508 SAN IGNACIO AVE
SUITE 200
CORAL GABLES FL 33146-3007

| | |
|---|-----------------------------------|
| 3. Date Incorporated or Qualified 11/20/1996 | 3a. Date of Last Report |
| 4. FEI Number 65-0707897 | Applied For 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 type="checkbox"/> Yes <input type="checkbox"/> No | |

| | |
|--------------------------------|------------------------|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21 Suite, Apt. #, etc. | 26 Suite, Apt. #, etc. |
| 22 City & State | 27 City & State |
| 23 Zip | 28 Zip |
| 24 Country | 29 Country |
| 25 | 30 |

9. Name and Address of Current Registered Agent

DEUTCH, JEFFREY A
7777 GLADES ROAD
SUITE 300
BOCA RATON FL 33434

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 |

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 | DELETE <input type="checkbox"/> |
| NAME | MATTAWAY, L. RICHARD | |
| STREET ADDRESS | 1508 SAN IGNACIO AVE STE 200 | |
| CITY-ST-ZIP | CORAL GABLES FL 33146 | |
| TITLE | D | DELETE <input type="checkbox"/> |
| NAME | SEGALL, E M | |
| STREET ADDRESS | 110 GRAND PALMS DR(150TH AVE | |
| CITY-ST-ZIP | PEMBROKE PINES FL 33027 | |
| TITLE | | DELETE <input type="checkbox"/> |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | DELETE <input type="checkbox"/> |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | DELETE <input type="checkbox"/> |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|---|
| 1.1 TITLE | Change <input type="checkbox"/> Addition <input type="checkbox"/> |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | Change <input type="checkbox"/> Addition <input type="checkbox"/> |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | Change <input type="checkbox"/> Addition <input type="checkbox"/> |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | Change <input type="checkbox"/> Addition <input type="checkbox"/> |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | Change <input type="checkbox"/> Addition <input type="checkbox"/> |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | Change <input type="checkbox"/> Addition <input type="checkbox"/> |
| 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 from an address with an address.

SIGNATURE: _____ SIGNATURE REQUIRED 4/29/97 (954) 437-8164

CR2E034 (9/96)