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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997 DOCUMENT # P96000102346 (9)

FAS/CAP, INC.

FILED May 16 1997 8:00am Secretary of State



Principal Piace of Business 2699 S BAYSHORE DRIVE SUITE 3000 MIAMI FL 33133		2699 S BAYSHORE D SUITE 3000	Mailing Address 2899 S BAYSHORE DRIVE SUITE 3000 MIAMI FL 33133-5492				
MIAMI PE 33133		MIRMI FL 33133-3492			3. Date Incorporated or Qualified 12/19/1996	3a. Date of La	st Report
	ace of Business	2a, Mailing Address		11 0	4. FEI Number	· ·	Applied For
	N. Wickha			kham Rd	/		Not Applicable
	12-405	Suite, Apt. #, etc.	405	· 	5. Certificate of Status Desired		5 Additional Required
City & State	BOUTH, FL	City & State	מיניתע	PL	Election Campaign Financing Trust Fund Contribution		00 May Be led to Fees
Zφ 24 329	Country 40 25 US	A 29 329 40		Country USA	6. This corporation has liability for in Florida Statutes	ntangible tay and Yes Mo	er s. 199.032,
24 / / /		of Current Registered Agent	1001		10. Name and Address of New Reg		
LEHR	MAN, JEFFREY E ESQL			81 Name	D.M. Miller		
	S BAYSHORE DRIVE			82 Street Add		(a)	
	E 300D			52 Street Add	dress (P.O. Box Number is Not Acceptab	Court	
	II FL 33133			83			
7770							
	\wedge	•		84 City	Melbourne	FI 85 2	Zip Code
11. Porsuant t	o the provisions of Sections	s 607.0 02 and 607.1508. Florida 5	Statutes, th	ne above-named co	rporation submits this statement for the p	urpose of changi	ng its registered
office or re	egistered ag of, dr. ooth, in	the State of Florida. Such change	was author	rized by the corpora	rporation submits this statement for the p ation's board of directors. I hereby accep	t the appointmen	t as registered
agent + ar	nî familiar wî jî N ady (avdist)	in the treations or, section 607.050	, Florida	Statutes. Dags.	ada at	5-01-	97
SIGNATURE		The state of the s	MOTE B.	1744		5475	
	Signature, typied or printed name of re			stered Agent signature requ		DATE	
12.	OFFIC	CERS AND DIRECTORS	T	13.	julred when reinslating) ADDITIONS/CHANGES TO OFFIC	DATE CERS AND DIREC	TORS IN 12
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1 to horday certify that the information's lipplied with his filling does not quality for the exemption stated in Section 119.07(3)(i). Florida Statutes, 1 further certify that the information indicated on this annual report is frue and accurate and that my signature shall have the same legal effect as if made under oath; that are an officer or director of the composition 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 in than 114 or on an abachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-4-97

407-255-4957

Daylime Phone # 0003035