Applied For Not Applicable

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P97000012658 (5)

Country

Name and Address of Current Registered Agent

FCG DEVELOPMENT, INC.

Principal Place of Business 6905 SUNRISE DRIVE CORAL GABLES FL 33133

2. Principal Place of Business

MARX JAMES ESO

Suite, Apt. #, etc.

City & State

21

22

23

24

Ζip

Mailing Address

6905 SUNRISE DRIVE CORAL GABLES FL 33133

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

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Zip

98 SEP 24 PM 1: 33

SECKCIARY GI SIATE TALLAHASSEE II ARHA

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

3. Date Incorporated or Qualified

6. Election Campaign Financing

Personal Property Tax due June 30. Yes

10. Name and Address of New Registered Agent

Trust Fund Contribution

02/07/1997

201 S BISCAYNE BLVD				James Marx		
	TE 340		82	Street	Address (P.O. Box Number is Not Acceptable) 00 S. Biscayne Blvd.	
,			83		uite 1870	
,,,,,						
			84		iami FL 85 Zip Code 33131	
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						
	registered agent, or both, in the State of Florida. Su am favrilliar with, and accept the obligations of, sect				poration's board of directors. I hereby accept the appointment as registered	
SIGNATURE	JAMES MA				9/23/98	
Signature type i or printed name of registered agent and title if applicable (NOTE Registere				gent signate	luro required when reinstating) DATE	
12.	OFFICERS AND DIRECTOR		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRICHARD B. WOLF	L DELETE	1.1 TITLE		Change Addition	
NAME	3965 E. 10th Ct.		1.2 NAME		8000005620898-7-8	
STREET ADDRESS	Hialeah, FL 33013		13STREET			
CITY-ST-ZIP	-		1.4 CITY-ST	-ZIP	****550.00 ****550.00	
TITLE		DELETE	2 1 TITLE		Change Addition	
NAME			2.2 NAME	4000000		
STREET ADDRESS			2 3 STREET			
CITY-ST-ZIP TITLE	 .		2.4 CITY-ST 3.1 TITLE	·2)P		
NAME			3 2 NAME		L Change L Addition	
STREET ADORESS			3.3 STREET	ADDRESS		
CITY-ST-ZIP			3 4 CITY-ST			
TITLE	_	- · · · · · · · · · · · · · · · · · · ·	4.1 TITLE		Change Addition	
NAME			4.2 NAME		Change C Addition	
STREET ADDRESS			4.3 STREET	ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST	-ZIP	ļ	
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	Doga Colon	
CITY-ST-ZIP			6.4 CITY-ST		15781727/14	
14. I 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 frustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if planged, or on an attachment with an address.						

Country

Name

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