

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

FILED

Feb 25 1998 8:00am  
Secretary of State

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1998</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P97000044093 (7)**

1. Corporation Name  
**FSGI CORPORATION**

Principal Place of Business  
**3200 NORTH MILITARY TRAIL  
SUITE 300  
BOCA RATON FL 33431**

Mailing Address  
**3200 NORTH MILITARY TRAIL  
SUITE 300  
BOCA RATON FL 33431**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>05/19/1997</b>	
4. FEI Number <b>65-0782227</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business		2a. Mailing Address	
21. Suite, Apt. #, etc. <b>Suite 110</b>	26. Suite, Apt. #, etc. <b>Suite 110</b>	27. City & State <b>Boca Raton, FL</b>	28. City & State <b>Boca Raton, FL</b>
23. Zip <b>33431</b>	25. Country <b>USA</b>	29. Zip <b>33431</b>	30. Country <b>USA</b>

9. Name and Address of Current Registered Agent  
**DORMAN, JAMES M  
3200 NORTH MILITARY TRAIL  
SUITE 300  
BOCA RATON FL 33431**

10. Name and Address of New Registered Agent	
81. Name <b>Dorman, James</b>	85. Zip Code <b>33431</b>
82. Street Address (P.O. Box Number is Not Acceptable) <b>3200 N. Military Trail</b>	
83. Suite <b>Suite 110</b>	
84. City <b>Boca Raton</b>	

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 James Dorman, Director DATE 2/3/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	11. TITLE <b>P, D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>DORMAN, JAMES M</b>		12. NAME <b>Lents, Jason L.</b>	
STREET ADDRESS <b>3200 NORTH MILITARY TRAIL</b>		13. STREET ADDRESS <b>3200 N. Military Trail, Suite 110</b>	
CITY-ST-ZIP <b>BOCA RATON FL 33431</b>		14. CITY-ST-ZIP <b>Boca Raton, FL 33431</b>	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	21. TITLE <b>V, T, S, D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>CARMICHAEL, LORI</b>		22. NAME <b>Carmichael, Lori</b>	
STREET ADDRESS <b>3200 NORTH MILITARY TRAIL</b>		23. STREET ADDRESS <b>3200 N. Military Trail, Suite 110</b>	
CITY-ST-ZIP <b>BOCA RATON FL 33431</b>		24. CITY-ST-ZIP <b>Boca Raton, FL 33431</b>	
TITLE	<input type="checkbox"/> DELETE	31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32. NAME	
STREET ADDRESS		33. STREET ADDRESS	
CITY-ST-ZIP		34. CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42. NAME	
STREET ADDRESS		43. STREET ADDRESS	
CITY-ST-ZIP		44. CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY-ST-ZIP		54. CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY-ST-ZIP		64. CITY-ST-ZIP	

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 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] DATE: 2/3/98 FILE NO: 561-997-5820

CR2E034 (10/97)