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SECRETARY OF STATE TALLAHASSEE, FLORIDA

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550,00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000066024 1. Corporation Name

F/CMA, INC.

•					
Principal Plac	e of Business	Mailing Address		n im der mant fråt sitter i man i film film film film film film film fi	B BININ MYLLY MAINN 1901, BINI (AD)
1000 MILITARY	TRAIL	1711 WORTHINGTON ROAD	••		
D WEST PALM BEACH FL 33409 W PALM BEACH FL 33415			DO NOT WRITE IN THIS SPACE		
US			3. Date Incorporated or Qualified		
				07/28/1997	
<u> </u>	lace of Business	2a, Mailing Address		4. FEI Number	Applied For
21	4 -4	26 1000 19111	FAMY TIAIL	65-0791099	Not Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc.	•	5. Certificate of Status Desired []	\$8.75 Additional Fee Required
City & Stat	le	City & State		6. Election Campaign Financing	\$5.00 May Be
23		26 /000 Milis Suite, Apt. #, etc. 27 Suite D City & State 28 West PAIM 29 334/5 [3	Beach, FL	Trust Fund Contribution	Added to Fees
Zφ	Country	Zip	Country	8. This corporation owes the current year In	
24	25	29 334/5 3	O PAIM BEACK	Personal Property Tax	Yes []No
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name					
WHALEN, TIMOTHY L					
SUI CLEMATIS STREET			ess (P.O. Box Number is Not Acceptable)		
	TE 200		83		
WES	ST PALM BEACH FL 33401		84 City		85 Zip Code
			O4 City	FL.	- 155 Zip Code
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	, the above-named corporation	oration submits this statement for the purpose of mis board of directors. Thereby accept the appo	changing its registered
agent. I a	m familiar with, and accept the obligation	ons of, Section 607.0505, Florid	la Statutes.	The second of th	The state of the s
SIGNATURE	Signature, typed or printed name of registered agent a	The second and the second of the second seco	egistered Agent signature require I	Lyber red strongs DATE	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	P	[] DELETE	11 Totale		[Change
NAME	DOERR, CHARLES H		1.2 NAME	300002770	7139
STREET ADDRESS	1000 S MILITARY TRAIL, STE D		13STREET ADDRESS	300002770 -02/09/390	1131002
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NAME			6.2 NAME: 6.3 STREET ADDRESS		
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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 supplemental annual report is true and accurate and that my signature shall have the same logal effect as if made under oath that I am a officer or director of the corporation or the requirer 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 apparation with an address, with all other like empowered. SIGNATURE: