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FILED  
Mar 25 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000066697 (8)**

1. Corporation Name  
**FCC PROPERTIES, INC.**

Principal Place of Business  
**15391 CANONGATE DR.  
FT. MYERS FL**

Mailing Address  
**15391 CANONGATE DR.  
FT. MYERS FL**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>08/01/1997</b>	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>65-0787617</b>	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24	Country	29	Country	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	

9. Name and Address of Current Registered Agent

**SHIELDS, CHRISTOPHER J  
1833 HENDRY ST.  
FT. MYERS FL 33901**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

10. Name and Address of New Registered Agent

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>DP</b>	1.1 TITLE	<b>DP</b>
NAME	<del>BYKE, THOMAS V</del>	1.2 NAME	<b>GLASER, DON</b>
STREET ADDRESS	<del>15748 GLENISLE WAY</del>	1.3 STREET ADDRESS	<b>15820 KILMARNOCK DR</b>
CITY-ST-ZIP	<del>FT. MYERS FL 33912</del>	1.4 CITY-ST-ZIP	<b>FORT MYERS, FL 33912</b>
TITLE	<b>DV</b>	2.1 TITLE	<b>DV</b>
NAME	<del>BROWNER, LEE SR.</del>	2.2 NAME	<b>PAUL, LARRY</b>
STREET ADDRESS	<del>15480 GREENOCK LN</del>	2.3 STREET ADDRESS	<b>15281 KILBIRNIE DR</b>
CITY-ST-ZIP	<del>FT. MYERS FL 33912</del>	2.4 CITY-ST-ZIP	<b>FORT MYERS, FL 33912</b>
TITLE	<b>DS</b>	3.1 TITLE	<b>DS</b>
NAME	<del>GLASER, DON</del>	3.2 NAME	<b>BRADLEY, DIANE</b>
STREET ADDRESS	<del>15820 KILMARNOCK DR</del>	3.3 STREET ADDRESS	<b>15721 LOCKHABEN AVE</b>
CITY-ST-ZIP	<del>FT. MYERS FL 33912</del>	3.4 CITY-ST-ZIP	<b>FORT MYERS, FL 33912</b>
TITLE	<b>DT</b>	4.1 TITLE	
NAME	<b>CALLANS, THOMAS</b>	4.2 NAME	
STREET ADDRESS	<b>15161 CANONGATE DR.</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FT. MYERS FL 33912</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b>	5.1 TITLE	<b>D</b>
NAME	<del>BROWNELL, ROGER</del>	5.2 NAME	<b>VAN DYKE, THOMAS</b>
STREET ADDRESS	<del>15970 KILBIRNIE DR</del>	5.3 STREET ADDRESS	<b>15748 GLENISLE WAY</b>
CITY-ST-ZIP	<del>FT. MYERS FL 33912</del>	5.4 CITY-ST-ZIP	<b>FORT MYERS, FL 33912</b>
TITLE	<b>D</b>	6.1 TITLE	
NAME	<b>CARLTON-JONES, DENNIS</b>	6.2 NAME	
STREET ADDRESS	<b>15808 FIDDLESTICKS BLVD.</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FT. MYERS FL 33912</b>	6.4 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

CR2E034 (10/97)