

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

**FILED**  
**May 06, 1999 8:00 am**  
**Secretary of State**

05-06-1999 90261 045 \*\*\*150.00

DOCUMENT # P98000095724

1. Corporation Name  
FV, Inc.

Principal Place of Business Mailing Address  
110 E. Broward Blvd. 110 E. Broward Blvd.  
Fort Lauderdale, FL 33301 Fort Lauderdale,  
FL 33301

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/13/98

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 Suite, Apt. #. etc.	26 Suite, Apt. #. etc.	65-0882691	Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24 Country	29 Country	8. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SMITH, DENNIS D  
110 S.E. 6TH ST.  
28TH FLOOR  
FT. LAUDERDALE FL 33301

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

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	P <input type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Hanratty, John	1.2 NAME	Egan, Michael S.
STREET ADDRESS	110 E. Broward Blvd.	1.3 STREET ADDRESS	110 E. Broward Blvd.
CITY-ST-ZIP	Ft. Lauderdale, FL 33301	1.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33301
TITLE	T & D <input type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Allen, Celeste V.	2.2 NAME	Kelly, William
STREET ADDRESS	110 E. Broward Blvd.	2.3 STREET ADDRESS	110 E. Broward Blvd.
CITY-ST-ZIP	Ft. Lauderdale, FL 33301	2.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33301
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Tripp, Norman	3.2 NAME	Morse, Ed
STREET ADDRESS	110 E. Broward Blvd.	3.3 STREET ADDRESS	110 E. Broward Blvd.
CITY-ST-ZIP	Ft. Lauderdale, FL 33301	3.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33301
TITLE	AS & D <input type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Arthur, Rosalie V.	4.2 NAME	Mooney, John T.
STREET ADDRESS	110 E. Broward Blvd.	4.3 STREET ADDRESS	110 E. Broward Blvd.
CITY-ST-ZIP	Ft. Lauderdale, FL 33301	4.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33301
TITLE	AT <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Fischer, Robert	5.2 NAME	
STREET ADDRESS	110 E. Broward Blvd.	5.3 STREET ADDRESS	
CITY-ST-ZIP	Ft. Lauderdale, FL 33301	5.4 CITY-ST-ZIP	
TITLE	AS <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Segaul, Robin	6.2 NAME	
STREET ADDRESS	110 E. Broward Blvd.	6.3 STREET ADDRESS	
CITY-ST-ZIP	Ft. Lauderdale, FL 33301	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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/99

Date

Signature Printed