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May 02 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S07196 (6)

1. Corporation Name
FBMA SERVICES CORPORATION

Principal Place of Business
1303 LIMIT AVE.
P.O. BOX 65
MT. DORA FL 32757-0065

Mailing Address
1303 LIMIT AVE.
P.O. BOX 65
MT. DORA FL 32757-0065



3. Date Incorporated or Qualified 10/16/1990	3a. Date of Last Report 03/18/1996
4. FEI Number 59-3039418	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

CARSON, WILLIAM B.
1301 LIMIT AVE
MONT DORA FL 32757

10. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD	1.1 TITLE	VP D
NAME	DIETRICH, ED	1.2 NAME	
STREET ADDRESS	77 SE 2ND AVE	1.3 STREET ADDRESS	
CITY - ST - ZIP	DEERFIELD BEACH FL	1.4 CITY - ST - ZIP	
TITLE	D	2.1 TITLE	TD
NAME	DUNN, SAM	2.2 NAME	
STREET ADDRESS	415 ORANGE AVE	2.3 STREET ADDRESS	
CITY - ST - ZIP	DAYTONA BEACH FL	2.4 CITY - ST - ZIP	
TITLE	VPD	3.1 TITLE	PD
NAME	NICHOLSON, CHARLES	3.2 NAME	
STREET ADDRESS	225 E OAK ST	3.3 STREET ADDRESS	
CITY - ST - ZIP	WAUCHULA FL	3.4 CITY - ST - ZIP	
TITLE	PPD	4.1 TITLE	D
NAME	SMYTH, DONALD J. SR.	4.2 NAME	
STREET ADDRESS	6363 EDGEWATER DRIVE	4.3 STREET ADDRESS	
CITY - ST - ZIP	ORLANDO FL	4.4 CITY - ST - ZIP	
TITLE	PD	5.1 TITLE	PPD
NAME	CLARK, YANDLE	5.2 NAME	
STREET ADDRESS	834 N. MAGNOLIA AVE.	5.3 STREET ADDRESS	
CITY - ST - ZIP	OCALA FL	5.4 CITY - ST - ZIP	
TITLE	S	6.1 TITLE	
NAME	CARSON, WILLIAM B.	6.2 NAME	
STREET ADDRESS	1303 LIMIT AVE	6.3 STREET ADDRESS	
CITY - ST - ZIP	MT DORA FL	6.4 CITY - ST - ZIP	

14. I do 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 of this report. I am attaching an address.

SIGNATURE: William B. Carson SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/24/97 352 383-0366
Date Daytime Phone #

CR2E034 (9/96)