

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

**FILED**  
**Jul 06 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 #** 520635  
 1. Corporation Name  
**FCC Management Company**

Principal Place of Business	Mailing Address
23351 North River Road Alva, FL 33920	23351 North River Road Alva, FL 33920

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**12/21/1990**

2. Principal Place of Business	2a. Mailing Address
21 23351 N. River Road Suite, Apt. #, etc	26 1671 Thumb Point Dr. Suite, Apt. #, etc
22 City & State	27 City & State
23 Alva, FL	28 Ft. Pierce, FL
24 Zip 33920	29 Zip 34949
25 Country	30 Country USA

4. FEI Number **65-0236929** Applied For  Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent

**Beale, Josephe E., Jr.**  
 23351 North River Road  
 Alva, FL 33920

10. Name and Address of New Registered Agent

81 Name **Beale, Joseph E., Jr.**

82 Street Address (P.O. Box Number is Not Acceptable)  
**1671 Thumb Point Drive**

83

84 City **Ft. Pierce, FL** 85 Zip Code **34949**

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

TITLE	VP	<input type="checkbox"/> DELETE
NAME	<b>Brown, Edgar A.</b>	
STREET ADDRESS	<b>13939 Indrio Road</b>	
CITY-ST-ZIP	<b>Ft. Pierce, FL</b>	
TITLE	PSD	<input type="checkbox"/> DELETE
NAME	<b>Beale, Joseph E., Jr.</b>	
STREET ADDRESS	<b>3245 Okeechobee Road</b>	
CITY-ST-ZIP	<b>Ft. Pierce, FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	VPTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	<b>Brown, Edgar A.</b>	
13 STREET ADDRESS	<b>13939 Indrio Road</b>	
14 CITY-ST-ZIP	<b>Ft. Pierce, FL</b>	
21 TITLE	PSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	<b>Beale, Joseph E., Jr.</b>	
23 STREET ADDRESS	<b>1671 Thumb Point Drive</b>	
24 CITY-ST-ZIP	<b>Ft. Pierce, FL 34949</b>	
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

**100002581131**  
**-07/07/98--01010--033**  
**\*\*\*550.00**

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, on an attachment with an address.

**SIGNATURE:** Joseph E. Beale / Joseph E. Beale **6/25/98** **941-728-2549**

CR2E034 (10/97)