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Mar 10 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 # S67693 (9)

1. Corporation Name
FLC HOLDING CORP.

Principal Place of Business

200 S. ANDREWS AVENUE
FT. LAUDERDALE FL 33301
US

Mailing Address

P. O. BOX 407080
FT. LAUDERDALE FL 33340-7080
US



3. Date Incorporated or Qualified
07/19/1991

3a. Date of Last Report
04/30/1996

2. Principal Place of Business
21 1201 Elm Street
Suite, Apt. #, etc.

2a. Mailing Address
26 SAME
Suite, Apt. #, etc.

4. FEI Number
65-0304860

Applied For
Not Applicable

22 City & State
23 Dallas, TX
Zip
24 75270

27 City & State
28
Zip
29

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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM
1201 HAYS STREET
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name

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

83 300002108719
-03/10/97--01051--004

84 City ***660.00

85 FL 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

TITLE	DP	<input type="checkbox"/> DELETE
NAME	FIELDS, BILL	
STREET ADDRESS	200 S. ANDREWS AVENUE	
CITY - ST - ZIP	FT. LAUDERDALE FL 33301	
TITLE	SVP	<input type="checkbox"/> DELETE
NAME	BYRNE, THOMAS C	
STREET ADDRESS	200 S. ANDREWS AVENUE	
CITY - ST - ZIP	FT. LAUDERDALE FL 33301	
TITLE	EVP	<input checked="" type="checkbox"/> DELETE
NAME	FLEETWOOD, ROBERT S	
STREET ADDRESS	200 S. ANDREWS AVENUE	
CITY - ST - ZIP	FT. LAUDERDALE FL 33301	
TITLE	SVP	<input type="checkbox"/> DELETE
NAME	PHILLIPS, JOE	
STREET ADDRESS	200 S. ANDREWS AVENUE	
CITY - ST - ZIP	FT. LAUDERDALE FL 33301	
TITLE	EVP	<input checked="" type="checkbox"/> DELETE
NAME	HAWKINS, THOMAS W	
STREET ADDRESS	200 S. ANDREWS AVENUE	
CITY - ST - ZIP	FT. LAUDERDALE FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	D'AMBROSIO, THOMAS	
STREET ADDRESS	200 SOUTH ANDREWS AVENUE	
CITY - ST - ZIP	FT. LAUDERDALE FL 33301	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	1201 Elm St.
1.4 CITY - ST - ZIP	Dallas, TX 75270
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Vice Chairman
2.3 STREET ADDRESS	1201 Elm St.
2.4 CITY - ST - ZIP	Dallas, TX 75270
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Ex. V.P. Gary Peterson
3.3 STREET ADDRESS	1201 Elm St.
3.4 CITY - ST - ZIP	Dallas, TX 75270
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	1201 Elm St.
4.4 CITY - ST - ZIP	Dallas, TX 75270
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Ex. V.P. Adam Phillips
5.3 STREET ADDRESS	1201 Elm St.
5.4 CITY - ST - ZIP	Dallas, TX 75270
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Ex. V.P. Mark Gilman
6.3 STREET ADDRESS	1201 Elm St.
6.4 CITY - ST - ZIP	Dallas, TX 75270

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 if changed, or on an attachment with an address.

SIGNATURE: *Mari Sh...* Asst. Sec.

3/4/97 954-832-3080

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)