

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

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Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90135 038 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # V06159

1. Corporation Name
FMC CAPITAL MARKETS, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 2150 GOODLETTE RD SUITE #200 NAPLES FL 34102 US	Mailing Address 2150 GOODLETTE RD SUITE #200 NAPLES FL 34102 US
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3. Date Incorporated or Qualified 01/13/1992	4. FEI Number 65-0309085	Applied For <input type="checkbox"/> 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 owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

2. Principal Place of Business 21 201 8th Street South Suite, Apt. #, etc. 22 #107 City & State 23 Naples, FL Zip 24 34102 Country 25 USA	2a. Mailing Address 26 201 8th Street South Suite, Apt. #, etc. 27 #107 City & State 28 Naples, FL Zip 29 34102 Country 30 USA
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9. Name and Address of Current Registered Agent SCHROEDER, DENNIS B 2150 GOODLETTE RD. SUITE 200 NAPLES FL 33940	10. Name and Address of New Registered Agent 81 Name Schroeder, Dennis B. 82 Street Address (P.O. Box Number is Not Acceptable) 201 8th St. South, Suite 107 83 Suite 107 84 City Naples FL 85 Zip Code 34102
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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  **Dennis B. Schroeder** 2/11/99
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 D <input type="checkbox"/> DELETE	1.1 TITLE SCHROEDER, DENNIS B	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SCHROEDER, DENNIS B	1.2 NAME 201 8th St. South, Ste 107	
STREET ADDRESS 2150 GOODLETTE RD., STE. 200	1.3 STREET ADDRESS Naples, FL 34102	
CITY-ST-ZIP NAPLES FL	1.4 CITY-ST-ZIP	
TITLE D <input type="checkbox"/> DELETE	2.1 TITLE HOLMAN, RICH	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HOLMAN, RICH	2.2 NAME 201 8th St. South, Ste 107	
STREET ADDRESS 2150 GOODLETTE RD., STE. 200	2.3 STREET ADDRESS Naples, FL 34102	
CITY-ST-ZIP NAPLE FL	2.4 CITY-ST-ZIP	
TITLE ST <input type="checkbox"/> DELETE	3.1 TITLE SCHROEDER, JUDITH A	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SCHROEDER, JUDITH A	3.2 NAME 201 8th St. South, Ste 107	
STREET ADDRESS 2150 GOODLETTE RD., STE. 200	3.3 STREET ADDRESS Naples, FL 34102	
CITY-ST-ZIP NAPLES FL	3.4 CITY-ST-ZIP	
TITLE D <input type="checkbox"/> DELETE	4.1 TITLE CULLEN, JAMES D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CULLEN, JAMES D	4.2 NAME 201 8th St. South, Ste 107	
STREET ADDRESS 2150 GOODLETTE RD, STE 200	4.3 STREET ADDRESS Naples, FL 34102	
CITY-ST-ZIP NAPLES FL	4.4 CITY-ST-ZIP	
TITLE D <input type="checkbox"/> DELETE	5.1 TITLE MISSAL, MARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MISSAL, MARY	5.2 NAME 201 8th St. South, Ste 107	
STREET ADDRESS 2150 GOODLETTE RD. STE. 200	5.3 STREET ADDRESS Naples, FL 34102	
CITY-ST-ZIP NAPLES FL 34102	5.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	6.2 NAME	
STREET ADDRESS	6.3 STREET ADDRESS	
CITY-ST-ZIP	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:  **Judith A. Schroeder Secy/Treasurer**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

941-434-8405
 Date Daytime Phone #

CR2E034 (11/98)