

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**APPROVED
AND
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95 MAY -1 PM 2:51

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # H-59164
 1. Corporation Name
FSC HOLDING CORP.

Principal Place of Business	Mailing Address
6365 NW 6 WAY SUITE #320 FT. LAUDERDALE, FL. 33309	6365 NW 6 WAY SUITE #320 FT. LAUDERDALE, FL. 33309

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 5/29/85		3a. Date of Last Report 5/23/95	
2. Principal Place of Business		4. FEI Number	
21 9100 S. DADELAND BLVD.		59-2541792	
Suite, Apt. #, etc.		Applied For	
22 SUITE 1500		Not Applicable	
City & State		5. Certificate of Status Desired	
23 MIAMI, FL.		<input type="checkbox"/> \$8.75 Additional Fee Required	
Zip		Country	
24 33156	25 DADE	27 SUITE 1500	
28 MIAMI, FL.		6. Election Campaign Financing Trust Fund Contribution	
29 33156		<input type="checkbox"/> \$5.00 May Be Added to Fees	
30 DADE		6. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	
		<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			
THE PRENTICE HALL CORP. SYSTEM, INC. 1201 HAYS STREET SUITE #105 TALLAHASSEE, FL. 32301				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				FL 85 Zip Code			

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 registering) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	1.1 TITLE	C/P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	GODFRIED M. CRONIN	1.2 NAME	FIorentino, GILBERT				
STREET ADDRESS	6365 NW 6 WAY	1.3 STREET ADDRESS	9100 S. DADELAND BLVD.				
CITY-ST-ZIP	FT. LAUD. FL.	1.4 CITY-ST-ZIP	MIAMI, FL.				
TITLE	V	2.1 TITLE	T/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	BROWNELL CHALSTROM	2.2 NAME	WAKSMAN, SAMUEL				
STREET ADDRESS	6365 NW 6 WAY	2.3 STREET ADDRESS	9100 S. DADELAND BLVD.				
CITY-ST-ZIP	FT. LAUD. FL.	2.4 CITY-ST-ZIP	MIAMI, FL.				
TITLE	V	3.1 TITLE	DELETE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	JOHN TULLE	3.2 NAME					
STREET ADDRESS	6365 NW 6 WAY	3.3 STREET ADDRESS					
CITY-ST-ZIP	FT. LAUD. FL.	3.4 CITY-ST-ZIP					
TITLE	STY	4.1 TITLE	DELETE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	MILES GREENBERG	4.2 NAME					
STREET ADDRESS	6365 NW 6 WAY	4.3 STREET ADDRESS					
CITY-ST-ZIP	FT. LAUD. FL.	4.4 CITY-ST-ZIP					
TITLE	D	5.1 TITLE	DELETE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	FRANK MILLMAN	5.2 NAME					
STREET ADDRESS	6365 NW 6 WAY	5.3 STREET ADDRESS					
CITY-ST-ZIP	FT. LAUD. FL.	5.4 CITY-ST-ZIP					
TITLE	D	6.1 TITLE	DELETE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	JOHN KAZMIERCZAK	6.2 NAME					
STREET ADDRESS	6365 NW 6 WAY	6.3 STREET ADDRESS					
CITY-ST-ZIP	FT. LAUD. FL.	6.4 CITY-ST-ZIP					

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 *****200.00 *****200.00

5/1/95 MS

REMITTED BY

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption provided in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated in 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 007, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ **GILBERT FIORENTINO** **MAY 1, 1995** **(305)443-8212**