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

PROFIT CORPORATION ANNUAL REPORT 1998 DOCUMENT # FANAFI INC.



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

(1)

FILED Apr 17 1998 8:00am Secretary of State



Principal Place of Business Mailing Address									1 INTITUT BILL BIRLE LINIS BIRNE LISUS DI	AI RIAIS BSASS S		
C/O RICHARD 25567 FENNER BONITA SPG (C/O RICHARD KILP 25567 FENNER CR BONITA SPG FL 33					DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/12/1985						
2. Principal Place of Business 2a. Mailing Address									4. FEI Number		A	oplied For
21				26					59-2508643		→	lot Applicable
Suite, Apt. (#, e 1C.			Suite, Apt. #, etc.					5. Certificate of Status Desired		+ - · · ·	Additional
22				27					3			Required
City & State				City & State					6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip	Country			Zip Country 30			1	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No				
24	25 25 A Name and Address of Current			<u> </u>			1	Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent				
9. Name and Address of Current Registered Agent								'	o, Hambana Albana Alban	3		-
KILPATRICK, RICHARD 25567 FENNER CR						62	Street Address (P.O. Box Number is Not Acceptable					
	NITA SPG						Street	Address	(F.O. Box Number is Not Accepta	DI O)		
						63						
						84	City				85 Zip	Code
						Ĭ				<u>FL</u>		
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 and title if applicable (NOTE: Registered Agent A							ant signature	required w	when reinstating) ADDITIONS/CHANGES TO OFFI	DATE CERS AND	DIRECTO	RS IN 12
12.	PD	OFFICER	AND OIL	DELET	13 E 1.1	TITLE		V	ADDITIONO/OTATIOED TO OTAT	<u> </u>	Change	
NAME		RICK, RICHARD			1,2	NAME		KIL	PATRICK, SHIRLE	Y		
STREET ADDRESS	ALLAS PELNIED OD				1.3 STF			255	67 FENNER CIR.			
CITY-ST-ZIP	BONITA SPG FL						ST - ZIP	BON	IITA SPRINGS, FL	3413		
TITLE				DELETE 2.1 TI		TITLE					Change	
NAME				2.2 N								
STREET ADDRESS							ADDRESS					
CITY-ST-ZIP	IP						ST - ZIP	 			Change	Addition
TITLE					I	TITLE NAME					L oumido	
NAME							ADDRESS					
STREET ADDRESS City-St-Zip						. CITY-						
TITLE				☐ DELE		TITLE	OT ZII	† 			Change	Addition
NAME					4.3	NAME		ļ				
STREET ADDRESS					43	STREET	ADDRESS					
CITY-ST-ZIP					4.4	CITY-S	ST-ZIP					
TITLE	-			DELE	TE 51	TITLE					☐ Change	☐ Addition
NAME					5.2	NAME						
STREET ADDRESS					5.3	STREET	ADDRESS	1				
CITY-ST-ZIP				* PRINT 202 - 202		CITY-5	ST - ZIP	ļ			1 0	[] [] 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
TITLE				☐ DELE		TITLE					Change	Addition
NAME						NAME						
STREET ADDRESS							ADDRESS					
CITY-ST-ZIP					6.4	CITY-S		1 :- 0-	ation 110.07/2/(i) Florida Statutos	1.6	ماه د ساه د الاست	- info

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 informatio 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 trusted 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 of an attachment with an address.