FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 21 AM 9:17

DOCUMENT # P94000033484 (4)

1. Corporation Name:
FAMAS DEVELOPMENT CORPORATION

Principal Place of Business	Mailing Address
1252 E HILLSBOROUGH AVE TAMPA FL 33604	1252 E HILLSBOROUGH AVE TAMPA FL 33604

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/04/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address	4. FEI Number
21 2104 W. KENNEDY BLVD	26 2104 W. KENNEDY BLVD.	59-3242675 ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
City & State 23 TAMPA, FL	City & State 28 TAMPA, FL	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
Zip / Country 24 33606 / 25 USA	Zip / Country 29 33606 / 30 USA	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BACCARELLA, DOMINIC J 1505 N FLORIDA AVE TAMPA FL 33602	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 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: _____ DATE
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	D	☒ Change ☐ Addition
NAME	MASCOTTI, DAVID M	12 NAME	MASOTTI, DAVID M	
STREET ADDRESS	1430 20TH AVE N	13 STREET ADDRESS	432 EISENHOWER	
CITY-ST-ZIP	ST PETERSBURG FL 32704	14 CITY-ST-ZIP	JANESVILLE, WI 53545	
TITLE		21 TITLE	D	☐ Change ☒ Addition
NAME		22 NAME	MASOTTI, JOSEPH N	
STREET ADDRESS		23 STREET ADDRESS	2416 TERESA CIR, #A	
CITY-ST-ZIP		24 CITY-ST-ZIP	TAMPA, FL 33629	
TITLE		31 TITLE	D	☐ Change ☒ Addition
NAME		32 NAME	FAIELL, SUSAN L	
STREET ADDRESS		33 STREET ADDRESS	2820 AQUILLA ST	
CITY-ST-ZIP		34 CITY-ST-ZIP	TAMPA, FL 33629	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: [signature] 2/15/95 813-253-2774
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR — Date — Daytime Phone Number

0200668 CP