

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 07, 1999 8:00 am
Secretary of State

04-07-1999 90033 008 ***158.75

DOCUMENT # P94000033484

1. Corporation Name

FAMAS DEVELOPMENT CORPORATION

Principal Place of Business

2104 W KENNEDY BLVD
TAMPA FL 33606-535
US

Mailing Address

2104 W KENNEDY BLVD
TAMPA FL 33606-535
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/04/1994

4. FEI Number

59-3242675

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

Trust Fund Contribution

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes

☒ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

24 33606-1535 25

29 33606-1535 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SHORT, PAUL R
PROFESSIONAL ACCOUNTIN ASSO., INC.
7522 N 40TH ST
TAMPA FL 33604

81 Name

Susan L. Faiell

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

2820 W. Aquilla ST

83

84 City Tampa

FL

85 Zip Code

33629-6118

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

Susan L. Faiell President

4/1/99

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME MASOTTI, DAVID M
STREET ADDRESS 432 EISENHOWER
CITY-ST-ZIP JANESVILLE WI

1.1 TITLE Treasurer ☐ Change ☒ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME MASOTTI, JOSEPH N
STREET ADDRESS 2102 W KENNEDY BLVD
CITY-ST-ZIP TAMPA FL

2.1 TITLE VICE PRESIDENT/Secr. ☐ Change ☒ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME FAIELL, SUSAN L
STREET ADDRESS 2820 AQUILLA ST
CITY-ST-ZIP TAMPA FL

3.1 TITLE PRESIDENT ☐ Change ☒ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/99

813-253-2774

Date

Daytime Phone #

CR2E034 (11/98)