

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

FILED

Apr 24 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **341109** (7)

1. Corporation Name  
**FAMOUS INDUSTRIES INC**

Principal Place of Business

**5450 LAKE WORTH ROAD  
PO BOX 511  
LAKE WORTH FL 33460**

Mailing Address

**5450 LAKE WORTH ROAD  
PO BOX 511  
LAKE WORTH FL 33460-0511**



3. Date Incorporated or Qualified <b>01/27/1969</b>	3a. Date of Last Report <b>04/09/1996</b>
4. FEI Number <b>59-1231827</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

**BURNS, JOHN L.  
325 THIRD STREET  
WEST PALM BEACH FL 33401**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

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 line if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	VP
NAME	<b>BROZ, SOPHIA</b>	1.2 NAME	<b>Broz, Sophia</b>
STREET ADDRESS	<b>22 HARBOR DR</b>	1.3 STREET ADDRESS	<b>22 Harbor Dr.</b>
CITY-ST-ZIP	<b>LAKE WORTH, FL 00000</b>	1.4 CITY-ST-ZIP	<b>Lake Worth FL. 33460</b>
TITLE	VP	2.1 TITLE	P
NAME	<b>BROZ, JAMES</b>	2.2 NAME	<b>Broz Edward</b>
STREET ADDRESS	<b>22 HARBOR DR.</b>	2.3 STREET ADDRESS	<b>22 Harbor Dr.</b>
CITY-ST-ZIP	<b>LAKE WORTH, FL 00000</b>	2.4 CITY-ST-ZIP	<b>Lake Worth, FL. 33460</b>
TITLE	T	3.1 TITLE	
NAME	<b>BROZ, EDWARD JR.</b>	3.2 NAME	
STREET ADDRESS	<b>3787 WRY RD</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LAKE WORTH FL</b>	3.4 CITY-ST-ZIP	
TITLE	S	4.1 TITLE	
NAME	<b>HICKS, BARBARA BROZ</b>	4.2 NAME	
STREET ADDRESS	<b>4455 CONSTANTINE CR</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>GREENACRES FL</b>	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	<b>BROZ, JEROME</b>	5.2 NAME	
STREET ADDRESS	<b>9778 NICKELS BLVD APT 505</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BOYNTON BCH FL</b>	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	
NAME	<b>DELSANTO, CATHERINE</b>	6.2 NAME	
STREET ADDRESS	<b>3844 CORRIGAN CT.</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LAKE WORTH FL</b>	6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (9/96)