

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
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90159 032 ***150.00

DOCUMENT # F41627

1. Corporation Name

FRAMA INVESTMENT CORPORATION, INC.

Principal Place of Business

1700 RIDGEWOOD AVE STE H
HOLLY HILL FL 32117

Mailing Address

1518 STATE AVENUE
SUITE A
HOLLY HILL FL 32117
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/24/1981

4. FEI Number

59-2123507

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

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 1518 STATE AVE. "A"

Suite, Apt. #, etc.

22 HOLLY HILL, FLA.

City & State

23 32117 USA

Zip

Country

24 25 29 30

2a. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

9. Name and Address of Current Registered Agent

TUMBLESON, J. DOYLE
150 S. PALMETTO AVENUE
DAYTONA BEACH FL 32014

10. Name and Address of New Registered Agent

81 Name

HELGA J. MARKOVICS

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

1518 STATE AVE. "A"

83

HOLLY HILL

84 City

FL

85 Zip Code

32117

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: HELGA J. MARKOVICS, ST. ADMINISTRATOR
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE: 1-15-99

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE
NAME FRANCHESCHI, MAURO
STREET ADDRESS 1518 STATE AVE #A
CITY-ST-ZIP HOLLY HILL, FL 00000

TITLE ST ☐ DELETE
NAME MARKOVICS, HELGA
STREET ADDRESS 1518 STATE AVE #A
CITY-ST-ZIP HOLLY HILL, FL 00000

TITLE VD ☐ DELETE
NAME MALVENTANO, FRANCO
STREET ADDRESS 1518 STATE AVE #A
CITY-ST-ZIP HOLLY HILL, FL 00000

TITLE VD ☐ DELETE
NAME FRANCHESCHI, SANTE
STREET ADDRESS 1518 STATE AVE #A
CITY-ST-ZIP HOLLY HILL, FL 00000

TITLE VD ☐ DELETE
NAME FRANCHESCHI, JUAN GUIDO
STREET ADDRESS 1518 STATE AVE #A
CITY-ST-ZIP HOLLY HILL, FL 00000

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12

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

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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

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

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 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: HELGA MARKOVICS, ST. ADMINISTRATOR
Signature and typed or printed name of signing officer or director Date 1-15-99 (904) 677-3741 Daytime Phone #

0023623

CR2E034 (1/98)