

# FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **H31167** (0)

1. Corporation Name

**FAME INVESTMENTS, INC.**

Principal Place of Business

**499 S. R. 434  
SUITE 2057  
ALTAMONTE SPRINGS FL 32714**

Mailing Address

**499 S. R. 434  
SUITE 2057  
ALTAMONTE SPRINGS FL 32714**

2. Principal Place of Business

2a. Mailing Address

21 **300 W. 5th STREET**  
Suite, Apt. #, etc.

26 **300 W 5th STREET**  
Suite, Apt. #, etc.

22 City & State  
23 **SANFORD, FLORIDA**

27 City & State  
28 **SANFORD, FLORIDA**

24 Zip Country  
**32771 U.S.A.**

29 Zip Country  
**32771 U.S.A.**

3. Date Incorporated or Qualified  
**01/01/1985**

3a. Date of Last Report  
**05/01/1995**

4. FEI Number  
**59-2463914**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be  
Added to Fees**

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

**EMANUEL, FIRMIN  
499 S. R. 434  
SUITE 2057  
ALTAMONTE SPRINGS FL 32714**

81 Name **EMANUEL, FIRMIN**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**300 W. 5th STREET**  
83  
84 City **SANFORD** FL 85 Zip Code **32771**

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 signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. TITLE **DP**  
NAME **EMANUEL, FIRMIN A.**  
STREET ADDRESS **499 S.R. 434, STE 21**  
CITY-ST-ZIP **ALTAMONTE SPGS FL**

1.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

1.2 NAME

NAME

1.3 STREET ADDRESS **300 W. 5th STREET**

STREET ADDRESS

1.4 CITY-ST-ZIP **SANFORD, FLORIDA 32771**

CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

2.2 NAME

NAME

2.3 STREET ADDRESS

STREET ADDRESS

2.4 CITY-ST-ZIP

CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

3.2 NAME

NAME

3.3 STREET ADDRESS

STREET ADDRESS

3.4 CITY-ST-ZIP

CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

4.2 NAME

NAME

4.3 STREET ADDRESS

STREET ADDRESS

4.4 CITY-ST-ZIP

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

SIGNATURE: **Firmin A. Emanuel (President)**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/19/96**

Date

**407-823-6272**

Daytime Phone #

CR2E034 (12/95)