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

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

H31167

(0)

Corporation) Name	\ \ \ \ \		1	
FAME	E INVESTMENTS, INC.				
Principal Place	of Business	Mailing Address			1 OKUM 1001 BIBIN BIBIN BIBIN BIBIN BIBIN BIBIN BIBIN
499 S. R. 4		499 S. R. 434			
	SUITE 2057 SUITE 2057				
ALIAMUNI	E SPHINGS FL 32714	ALTAMONTE SPRING	SS FL 32714		
				 Date Incorporated or Qualified 01/01/1985 	
2. Principal Pla	ace of Business	2a. Mailing Address		4. FEI Number	05/01/1995
21 300	W. 5th STREET	T 26 300 W 5th	STREET	59-2463914	Applied For
Suite, Apt. #		Suite, Apt. #, etc.	- 111201		Not Applicable
22		27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State	<i>(</i>)	6. Election Campaign Financing	\$5.00 May Be
23 SANF		28 SANFURD	, FLORIDA	Trust Fund Contribution	Added to Fees
24 327	Country S.A	29 32771	30 U.S.A	8. This corporation has liability for	or intangible tax under s 199.032,
<u> </u>	9. Name and Address of Curre		30 0.5.7+		es 🗌 No
		on tragistored Agent	81 Name	10. Name and Address of New	Registered Agent
EMANU	JEL, FIRMIN			EMANUEL, FIRMEN)
499 S.	R. 434		82 Street	Address (P.O. Box Number is Not Accept	able)
SUITE 2			83 - 27	DU W. S. STREE	<u> </u>
ALTAMO	ONTE SPRINGS FL 32714				
			84 City <	SANFORD	85 Zip Code
11. Pursuant to	the provisions of Sections 607.050	02 and 607.1508, Florida Statute			FL 32771
or registere familiar with	d agent, or both, in the State of Flor i, and accept the obligations of, Sec	rida. Such change was authorize ction 607.0505. Florida Statutes	ed by the corporation's	rporation submits this statement for the p board of directors. I hereby accept the ap	urpose of changing its registered office pointment as registered agent. I am
SIGNATURE					- 0
5	kyramie, typical or printe a name of registered age-		f Registered Agent signature re	iquired when reinstating)	DATE
12.	OFFICERS AN	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OF	FICERS AND DIRECTORS IN 12
NAME	EMANUEL, FIRMIN A.	DELETE	1. 1 TITLE		Change Addition
STREET ADDRESS	499 S.R. 434, STE 21		1.2 NAME		
City ST-ZIP	ALTAMONTE SPGS FL		1.3 STREET ADDRESS	300 W. 5th STREE	T
TILLE	The state of the s	DELETE	1.4 CITY-ST-ZIP	300 W. 5th STREE SANFORD, FLORID	A 32.771
NAME		[] print	2 1 TITLE		☐ Change ☐ Addition
STREET ADDRESS			2 2 NAME		
C-1Y-S1 ZIP			2 3 STREET ADDRESS		
THE		DELETE	2 4 CITY - ST - ZIP 3. 1 TITLE		
NAME		L	3.2 NAME		Change Addition
STHEE! ADDRESS			33 STREET ADDRESS		
CITY-ST-ZiP			3.4 CITY - ST - ZIP		•
FILE		DELETE	4. 1 T(TLE		Channa D Addistan
NAME			42 NAME		Change Addition
STHEET ADDRESS			4.3 STREET ADDRESS	•	
CITY - ST - ZIP			4.4 CITY - ST - ZIP		
HILE		DELETE	5. 1 TITLE		☐ Change ☐ Addition
NAME			5 2 NAME		_ • •
STHEFT ADDRESS			5.3 STHEET ADDRESS		
CHY-ST-ZP TITLE	· · · · · · · · · · · · · · · · · · ·	F7 SELECT	54 CITY-ST-ZIP		
NAME		☐ DELETE	6 1 TITLE	· · · · · ·	☐ Change ☐ Addition
STREET ADDRESS			6 2 NAME		
CITY-ST-ZIF			6.3 STREET ADDRESS		I
14. I do hereby o	pertify that the information supplied	with this filma is voluntarily furniel	64 CITY-ST-ZIP	y for the exemption stated in Section 119	
oath; that I ar	(iii) an officer or director of the corpo	ration or the receiver or trustee.		y for the exemption stated in Section 119 urate and that my signature shall have the this report as required by Chapter 607. Fi	.U/(3)(k), Florida Statutes. I further same legal effect as if made under
appears in Bl	llock 12 or Block 13 if changed, or o	on an attachment with an addres	empowered to execute is	urate and that my signature shall have the this report as required by Chapter 607, Fi	orida Statutes; and that my name
		11 Burnel	(headent	1 1 1	_
SIGNATU		PRINTED NAME OF SIGNING OFFICER	neunens	'1/19/96	407-823-6272
	TIPEU UP	· · · · · · · · · · · · · · · · · · ·	OR CAMPCTOR	, - , - ,	

1/19/96 407-823-6272 Degree Phone 9