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

PROFIT CORPORATION ANNUAL REPORT 1998



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H31167 (0)

FAME INVESTMENTS, INC.

**FILED** Mar 19 1998 8:00am Secretary of State



| Principal Place of Business |   | Mailing Address  | Mailing Address                     |   | a charles and tride trible hash brite talts &  | , reanent eine tirffr tress tiefe atiftr totte firfett fielt fifett fifett fifett fifett |                |  |
|-----------------------------|---|--|-------------------------------------|---|--|--|----------------|--|
| 300 W. 5TH STREET           |   |  | 300 W. 5TH STREET                   |   |  |  |                |  |
| SANFORD FL 32771<br>US      |   |  | SANFORD FL 32771                    |   | DO NOT WRITE IN THIS SPACE   |  |                |  |
| 08                          |   | U\$  |                                     |   | 3. Date Incorporated or Qualified  | TINIS SPACE  |                |  |
|                             |   |  |                                     |   | 01/01/1985   |  |                |  |
| 2. Principal P              | ace of Business   | 2a, Mailing Address  | s                                   |   | 4. FEI Number  |  | opplied For    |  |
| 21                          |   | 26   |                                     |   | 59-2463914   | <del></del>  | lot Applicable |  |
| Suite, Apt. #, etc.         |   |  | Suite, Apt. #, etc.                 |   |  | 60 75  | Additional     |  |
| 22                          |   | 27   | <b>├</b> ──                         |   | 5. Certificate of Status Desired   |  | Required       |  |
| City & State                |   | City & State   |                                     |   | 6. Election Campaign Financing   | <del></del>  | ) May Be       |  |
| 23                          |   | 28   | 28                                  |   |  |  | I to Fees      |  |
| Zip                         | Country   | Zip  | Coun                                | try   | 8. This corporation owes or has paid   | ·····  |                |  |
| 24                          | 26  | 29   | 30                                  |   | Personal Property Tax due June 30  | -  | □ No           |  |
|                             | g. Name and Address of  | Current Registered Agent   |                                     |   | 10. Name and Address of New Regis  | tered Agent  |                |  |
|                             | anuel, firmin a   |  | 1                                   | Name  |  |  |                |  |
| 300 W. 5TH STREET           |   |  | i.                                  | 82 Street Address (P.O. Box Number is Not Acceptable) |  |  |                |  |
| SA                          | NFORD FL 32771  |  | ľ                                   | 0001  | radioss (1.0. Dox Humbor is Not receptable)  | ,  |                |  |
|                             |   |  | Ĩ                                   | :3  |  |  |                |  |
|                             |   |  | -                                   | 4 City  |  | les I Zie  | 0-4-           |  |
|                             |   |  | l'                                  | City  |  | FL 85 Zip  | Code           |  |
| 11. Pursuant t              | o the provisions of Sections 6                                      | 07,0502 and 607,1508, Florida  | Statutes, the abo                   | ve-namec  | d corporation submits this statement for the pur<br>poration's board of directors. I hereby accept t | ose of changing  | its registered |  |
| agent. I ar                 | egistered agent, or both, in the<br>m familiar with, and accept the | e state of Fiorida, Such change<br>e obligations of, Section 607.05I | was autnorized<br>05, Florida Statu | by the cor<br>les.                                    | poration's board of directors, I hereby accept the   | ne appointment a:  | s registered   |  |
| SIGNATURE                   | ·   | _  |                                     |   |  |  |                |  |
|                             | Signature, typed or printed name of regis                           |  | (NOTE: Registered                   | geni signatur   | e required when reinstating)   | DATE   |                |  |
| 12.                         | OFFICE  | RS AND DIRECTORS   | 13.                                 |   | ADDITIONS/CHANGES TO OFFICER   |  |                |  |
| TITLE                       | FARMER COMMA  | ☐ DELET  |                                     |   | <b>)</b>   | L Change   | L.J Addition   |  |
| NAME                        | EMANUEL, FIRMIN A.  |  | 1.2 NAM                             | ŧΕ  |  |  |                |  |
| STREET ADDRESS              | 300 W. 5TH STREET   |  | 1.3 STR                             | ET ADDRESS  |  |  |                |  |
| CITY-ST-ZIP                 | SANFORD FL 32771  |  |                                     | -ST-ZIP   |  |  |                |  |
| TOLE                        |   | ☐ DELET  |                                     |   |  | Change   | Addition       |  |
| NAME                        |   |  | 2.2 NAN                             | E   |  |  |                |  |
| STREET ADDRESS              |   |  | 2.3 STR                             | ET ADDRESS  |  |  |                |  |
| CITY-ST-ZIP                 |   |  |                                     | r-ST-ZIP  |  |  |                |  |
| TITLE                       |   | ☐ DELEÎ  | TE 3.1 TITL                         | ŧ   |  | Change   | Addition       |  |
| NAME                        |   |  | 3.2 NAM                             | E   |  |  | ·              |  |
| STREET ADDRESS              |   |  | 3.3 STR                             | ET ADORESS  |  |  |                |  |
| CITY-ST-ZIP                 |   |  |                                     | (-ST-ZIP  |  |  |                |  |
| TITLE                       |   | ☐ DELET  | TE 4.1 TITL                         | Ē   |  | ☐ Change   | ☐ Addition     |  |
| NAME                        |   |  | 4. 2 NA)                            | AE.   |  |  | 1              |  |
| STREET ADDRESS              |   |  | 4.3 STR                             | ET ADDRESS  |  |  |                |  |
| CITY-ST-ZIP                 |   |  |                                     | - ST - ZIP  |  |  |                |  |
| TITLE                       |   | ☐ DELET  | E 5.1 TITE                          | Ē   | 1  | Change   | Addition       |  |
| NAME                        |   |  | 5.2 NAM                             | E   |  |  |                |  |
| STREET ADDRESS              |   |  | 5.3 STRI                            | ET ADDRESS  |  |  |                |  |
| CITY-ST-ZIP                 |   |  |                                     | - ST - ZIP  |  |  |                |  |
| TITLE                       |   | ☐ DELET  | E 6.1 TITL                          | Ē   |  | ☐ Change   | ☐ Addition     |  |
| NAME                        |   |  | 6 2 NAM                             | Ē   |  |  |                |  |
| STREET ADDRESS              |   |  | 6.3 STRI                            | ET ADDRESS  |  |  |                |  |
| CITY-ST-ZIP                 |   |  |                                     | - ST- ZIP   |  |  |                |  |
| 14 I hereby c               | ertify that the information sum                                     | nlied with this filing does not out                                  | alify for the even                  | notion state  | ed in Section 119.07(3)(i). Florida Statutes, Lfuri  | ther certify that the  | e information  |  |

indicated on this annual report or supplience with this time does not qualify in the exemption stated in Section 119.07(3)(t), Florida Statutes, inturner certify that the information indicated on this 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.