

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 # L34440

(2)

1. Corporation Name

FRAM FED FOUR, INC.



Principal Place of Business

% F. RONALD MASTRIANA, ESQ.  
2750 N FEDERAL HWY  
FT LAUDERDALE FL 33306

Mailing Address

% F. RONALD MASTRIANA, ESQ.  
2750 N FEDERAL HWY  
FT LAUDERDALE FL 33306

3. Date Incorporated or Qualified  
12/04/1989

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

2. Principal Place of Business

2a. Mailing Address

4. FEI Number  
65-0163678

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

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

22. City & State

27. City & State

23. Zip Country

28. Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MASTRIANA, F. RONALD, ESQ.  
2750 N FEDERAL HWY  
FT LAUDERDALE FL 33306

81. Name

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

83.

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 607.0102 and 607.1108, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent for 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 provisions of, Section 607.1105, Florida Statutes.

SIGNATURE

Signature and printed name of registered agent and, if applicable,

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

1. TITLE ☐ DELETE  
NAME: D  
STREET ADDRESS: MASTRIANA, R. BRIAN  
CITY-ST-ZIP: 2750 N FEDERAL HWY  
FORT LAUDERDALE FL

2. TITLE ☐ DELETE  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

3. TITLE ☐ DELETE  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

4. TITLE ☐ DELETE  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

5. TITLE ☐ DELETE  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

6. TITLE ☐ DELETE  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. 1. TITLE ☐ Change ☐ Addition

12. NAME  
13. STREET ADDRESS  
14. CITY-ST-ZIP

2. 1. TITLE ☐ Change ☐ Addition  
22. NAME  
23. STREET ADDRESS  
24. CITY-ST-ZIP

3. 1. TITLE ☐ Change ☐ Addition  
32. NAME  
33. STREET ADDRESS  
34. CITY-ST-ZIP

4. 1. TITLE ☐ Change ☐ Addition  
42. NAME  
43. STREET ADDRESS  
44. CITY-ST-ZIP

5. 1. TITLE ☐ Change ☐ Addition  
52. NAME  
53. STREET ADDRESS  
54. CITY-ST-ZIP

6. 1. TITLE ☐ Change ☐ Addition  
62. NAME  
63. STREET ADDRESS  
64. CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 in change of an appointment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

F. RONALD MASTRIANA

Date

1-29-96-566-1234

Daytime Phone #

CR2E034 (12/95)