

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR -4 PM 7:21

DOCUMENT # M90389

(1)

1. Corporation Name

FORM STORES OF AMERICA, INC.

Principal Place of Business

605 7TH AVE. N.
UNIT D
SAFETY HARBOR FL 34695
US

Mailing Address

P. O. BOX 27
SAFETY HARBOR FL 34695
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

07/13/1988

3a. Date of Last Report

08/12/1994

4. FEI Number

59-2899931

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

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

GALLO, CARL
701 ENTERPRISE RD E STE 303
SAFETY HARBOR FL 34695

10. Name and Address of New Registered Agent

81 Name

Albano, Louis

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

605 7th Avenue North

83

Suite D

84 City

Safety Harbor

FL

85 Zip Code

34695

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

Louis Albano

Signature: typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

X

3/20/95

DATE

12. OFFICERS AND DIRECTORS

TITLE

PD

NAME

GALLO, CARL

STREET ADDRESS

P O BOX 4077 N/A

CITY - ST - ZIP

PRINCETON FL

TITLE

VD

NAME

WIESSNER, ALAN

STREET ADDRESS

1608 HUNTINGTON LANE

CITY - ST - ZIP

SAFETY HARBOR FL

TITLE

STD

NAME

ALBANO, LOUIS

STREET ADDRESS

708 MADERA AVE

CITY - ST - ZIP

CLEARWATER FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

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

Delete

3.1 TITLE

☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

VSTD
Albano, Louis
708 Madera Avenue
Clearwater, FL

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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 if changed, or on an attachment with an addendum.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/95

DATE

(813) 726-0276

TELEPHONE NUMBER