

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 08, 2004 8:00 am
Secretary of State

06-08-2004 90001 017 ***550.00

DOCUMENT # P01000122245

1. Entity Name

FORMEL FAMILY INVESTMENTS, INC.



Principal Place of Business

2615 SE 5TH CT.
HOMESTEAD, FL 33033

Mailing Address

2615 SE 5TH CT.
HOMESTEAD, FL 33033

44046184



03262004 No Chg-P CR2E034 (10/03)

4. FEI Number

01-0555864

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

FOTOPULOS, THOMAS E
707 N. FRANKLIN ST., STE. 725
TAMPA, FL 33602

Phillip A Formel
2615 SE 5TH CT.
HOMESTEAD, FL 33033

(see attached memorandum)

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

PA Formel, Pres.

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

5/28/07

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
FORMEL, PHILLIP A
2615 SE 5TH CT.
HOMESTEAD, FL 33033

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ST
FORMEL, NORMA H
2615 SE 5TH CT.
HOMESTEAD, FL 33033

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

PA Formel

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/28/07

Date

5184371879

Daytime Phone #

Attachment
44046184

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

Copy only
sent for
proposed
change
Registered
Agent

1. The name of the corporation: Formel Family Investments Inc

2. The principal office address: 2615 SE 5th Court
Homestead, FL 33033

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 12/27/2001 Document number: P02000134846

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: _____

Thomas E Folepulos
707 N Franklin St., STE 275
Tampa, FL 33602

6. The name and street address of the new registered agent (if changed) and/or registered office (if changed):

Phillip A Formel
2615 SE 5th Court
(P.O. Box or personal mailbox NOT acceptable)
Homestead, FL 33033

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

DA Formel
(Signature of an officer or director)

PHILLIP A FORMEL (P.A.E.)
(Printed or typed name and title)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

DA Formel
(Signature of Registered Agent)

May 28, 2007
(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

FORMEL FAMILY INVESTMENTS INC.

2615 SE 5TH COURT
HOMESTEND, FL 33033

112

DATE

Attachment
44046184
5/28/07

50-7026/2213
10

PAY
TO THE
ORDER OF

Florida Department of State
Thirty Five Dollars & 00/100

\$ 35 -

DOLLARS

Security Features
are indicated
by the symbol



www.hudsonriverbank.com

East Greenbush Office
One Hudson City Centre
Hudson, NY 12534

FOR

Amman Ltd. - change
Repayment

Chl

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