

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Feb 12 1997 8:00am
Secretary of State

DOCUMENT # P93000079571 (4)

1. Corporation Name

FLAME AND FORTUNE, INC.



Principal Place of Business

Mailing Address

255 SOUTH AIRPORT RD.
NAPLES FL 33942

255 SOUTH AIRPORT RD.
NAPLES FL 34104-3517

2. Principal Place of Business

2a. Mailing Address

21

25

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

11/18/1993

3a. Date of Last Report

12/04/1996

4. FEI Number

65-0445367

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

KAUTH, JAMES T
3501 DEL PRADO BLVD.
SUITE 210
CAPE CORAL FL 33904

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 607.0502 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME
D KAUTH, JAMES T
STREET ADDRESS
3501 DEL PRADO BLVD., SUITE 210
CITY-ST-ZIP
CAPE CORAL FL 33904

1.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
D GRECH, SALVATORE C
STREET ADDRESS
2701 70TH STREET, S.W.
CITY-ST-ZIP
NAPLES FL 33940

1.2 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
D BURNS, GARY
STREET ADDRESS
625 FOREST EDGE DRIVE
CITY-ST-ZIP
VERNON HILLS IL 60061

1.3 STREET ADDRESS ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

2.2 NAME ☐ Change ☐ Addition

14. I do 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 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 address

SIGNATURE:

SALVATORE C. GRECH

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0008371

CR2E034 (9/96)