

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P94000003435

1. Corporation Name  
F.F.S., INC.

Principal Place of Business  
355 NORTH ORANGE AVENUE  
ORLANDO FL 32801

Mailing Address  
355 NORTH ORANGE AVENUE  
ORLANDO FL 32801

FILED  
Apr 15, 1999 8:00 am  
Secretary of State

04-15-1999 90107 041 \*\*\*158.75



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/10/1994

4. FEI Number

59-3216635

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

30

9. Name and Address of Current Registered Agent

FOX, ROBERT L II  
1700 WOOLCO WAY  
ORLANDO FL 32822

10. Name and Address of New Registered Agent

81 Name

ROBERT L. FOX, II

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

3204 HEATHGATE COURT

83

84 City

ORLANDO

FL

85 Zip Code

32812

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 Robert L. Fox, II, President  
Signature, typed or printed name of registered agent and title if applicable.

ROBERT L. FOX, II, PRESIDENT

4/7/99  
DATE

12. OFFICERS AND DIRECTORS

TITLE PS  
NAME FOX, ROBERT L II  
STREET ADDRESS 3135 HEALTHGATE CT.  
CITY-ST-ZIP ORLANDO FL

TITLE V  
NAME NATER, ALFRED  
STREET ADDRESS 2911 CARCROSS CT  
CITY-ST-ZIP ORLANDO FL 32837

TITLE T  
NAME SUBATIS, ARUNAS  
STREET ADDRESS 2712 CONWAY GARDENS RD.  
CITY-ST-ZIP ORLANDO FL 32806

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 PS  
1.2 NAME ROBERT L. FOX, II  
1.3 STREET ADDRESS 3204 HEATHGATE COURT  
1.4 CITY-ST-ZIP ORLANDO, FL 32812

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

Robert L. Fox, II, President  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/99  
Date

(407)-240-9301  
Daytime Phone #

CR2E034 (1/98)