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

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

| DOCUI  | MENT # P9400   | 003695                       | 51 (9)              | ı                  |              |  |                                     |   |               |           |                     |               |  |
|--|--|------------------------------|---------------------|--------------------|--------------|--|-------------------------------------|---|---------------|-----------|---------------------|---------------|--|
| 1  | FAMPAR, INC.   |                              | . ,                 |                    |              | Ì  |                                     |   |               |           |                     |               |  |
|  |  |                              |                     |                    |              | [  |                                     |   |               |           |                     |               |  |
| Principal Place  | of Business  | Mailing Ad                   | dress               |                    |              |  | !                                   | ITOOL IED EDEIL DIĞIS OL                          | IIII UUAN BO  |           | IIID BIIID IBIDI DI | (B) ((B) (B)) |  |
| 29 N. ORANGE AVE.  JUPITER FL 33458  29 N. ORANGE AVE.  JUPITER FL 33458 |  |                              |                     |                    |              |  | DON                                 | × WDITE   | - 11.1 - 11.0 | 2.604.05  |                     |               |  |
| US   |  | US                           |                     |                    |              | Ļ  | <b>A</b> Data I                     |   | OT WRITE      | : IN THIS | SPACE               |               |  |
|  |  |                              |                     |                    |              |  |                                     | ncorporated or 0<br><b>7/1994</b>                 | ausimeu.      |           |                     |               |  |
| 2. Principal Pl  | ace of Business  | 2a, Mailing                  | Address             |                    |              |  | 4. FÉLNO                            |   |               |           | - I Ai              | oplied For    |  |
| 21   |  | 26                           |                     |                    |              |  | 65-                                 | 0484129   |               |           | <del> </del>        | ot Applicable |  |
| Suite, Apt.  | #, <b>e</b> tc.  | Suite, A                     | Suite, Apt. #, etc. |                    |              |  |                                     | cate of Status De                                 | eirod         |           |                     | Additional    |  |
| 22   |  | 27                           |                     |                    |              |  | <b>8</b> , Obtaine                  |   |               |           |                     | equired       |  |
| City & State   | )  | City & State                 |                     |                    |              |  | n Campaign Fin<br>Fund Contribution | -   |               |           | May Be<br>to Fees   |               |  |
| Zip  | Country  | Zip                          |                     | Countr             | У            |  |                                     | orporation owes                                   | •             |           |                     |               |  |
| 24   | 25   | [29]                         |                     | 30                 |              |  |                                     | nal Property Tax                                  |               |           |                     | No            |  |
|  | g, Name and Address of Curre   | ent Registered Ag            | jent                | 81                 | Name         |  | 10. Name                            | and Address o                                     | New He        | gistered  | Agent               |               |  |
| STAMPAR, RAINER  |  |                              |                     |                    |              |  |                                     |   |               |           |                     |               |  |
| 29 N. ORANGE AVE. JUPITER FL 33458                                       |  |                              |                     | 82                 |              | Addres   | s (P.O. Box                         | Number is Not                                     | Acceptat      | )le)      |                     |               |  |
|  |  |                              |                     | 83                 | 1            |  |                                     |   |               |           |                     |               |  |
|  |  |                              |                     | 84                 | City         |  |                                     |   |               | FI        | 85 Zip              | Code          |  |
| 11. Pursuant i   | to the provisions of Sections 607.05 egistered agent, or both, in the Stat | 02 and 607.1508,             | Florida Statut      | les, the abov      | e-named      | d corpora  | ation subm                          | its this statemen                                 | t for the p   | ourpose ( | of changing it      | ts registered |  |
| agent. I a   | m familiar with, and accept the obli                                       | gations of, Section          | 607.0505, FI        | orida Statute      | \$ ti le coi | poration   | is poard or                         | difectors. Friere                                 | oy acce       | or the ap | pontinent as        | registered    |  |
| SIGNATURE  | Signature, typed or printed name of registered a                           | cent and title if applicable | EO/N)               | E Registered Ag    | eni sionalur | ra required s                                    | when reinstating                    | <u></u>   |               | DATE      |                     | ····          |  |
| 12.  | OFFICERS AND DIRECTORS   |                              |                     | 13.                |              |  |                                     | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |               |           |                     |               |  |
| TITLE  | D  |                              | DELETE              | 1,1 TITLE          |              |  |                                     |   |               |           | Change              | Addition      |  |
| NAME   | STAMPAR, RAINER  |                              |                     | 1.2 NAME           |              |  |                                     | mmer w  |               | . 1 4     | LIF                 |               |  |
| STREET ADDRESS 4100-439 TANGLEWOOD EAST                                  |  |                              |                     | 1.3 STREET ADDRESS |              | 1140   | 7 3u                                | 1818 E 14 C                                       | . ~ .         |           | .174 6              |               |  |
| CITY-ST-ZIP  | PALM BEACH GARDENS FL  |                              |                     | 1,4 C(TY-          | ST-ZIP       | 20   | PITER                               | FLorida   | . 23.         | 758       |                     |               |  |
| TITLE  |  | l                            | DELETE              | 2.1 TITLE          |              | ļ  |                                     |   |               |           | LJ Change           |               |  |
| NAME   |  |                              |                     | 2.2 NAME           |              |  |                                     |   |               |           |                     |               |  |
| STREET ADORESS   |  |                              |                     |                    | T ADDRESS    |  |                                     |   | 16            | 1.3       |                     |               |  |
| CITY-ST-ZIP<br>TITLE   |  |                              | DELETE              | 2.4 CITY-          | S1-ZIP       | <del>                                     </del> |                                     | <del></del>                                       |               |           | Change              | Addition      |  |
| NAME   |  | •                            |                     | 3.2 NAME           |              |  |                                     |   |               |           | crange              |               |  |
| STREET ADDRESS   |  |                              |                     |                    | T ADDRESS    |  |                                     |   |               |           |                     |               |  |
| CITY-ST-ZIP  |  |                              |                     | 3.4. CITY-         |              |  |                                     |   |               |           |                     |               |  |
| TITLE  |  |                              | DELETE              | 4.1 TITLE          |              |  |                                     | ·   | ,             |           | Change              | Addition      |  |
| NAME   |  |                              |                     | 4. 2 NAME          |              |  |                                     |   |               |           |                     |               |  |
| STREET ADDRESS   |  |                              |                     | 4.3 STREE          | T ADDRESS    |  |                                     |   |               |           |                     |               |  |
| CITY-ST-ZIP  |  |                              |                     | 4.4 CITY-          | ST-ZIP       |  |                                     |   |               |           |                     |               |  |
| TITLE  |  |                              | DELETE              | 5.1 TITLE          |              |  |                                     | :   |               |           | ☐ Change            | Addition      |  |
| NAME   |  |                              |                     | 5.2 NAME           |              |  |                                     |   |               |           |                     | i             |  |
| STREET ADDRESS   |  |                              |                     |                    | T ADDRESS    |  |                                     |   |               |           |                     |               |  |
| CITY-ST-ZIP  |  |                              | DOLOTE              | 5.4 CITY-5         | ST-ZIP       | <del> </del>                                     |                                     |   |               |           | 1 05                | Addison       |  |
| TITLE  |  | ι                            | DELETE              | 6.1 TITLE          |              | ·  |                                     |   |               |           | ☐ Change            | ☐ Addition    |  |
| NAME<br>OTOTET ADDOTES   |  |                              |                     | 6.2 NAME           |              |  |                                     |   |               |           |                     |               |  |
| STREET ADDRESS   |  |                              |                     | 6.3 STREE          | I ADORESS    |  |                                     |   |               |           |                     |               |  |

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.

**FILED** 

Mar 31 1998 8:00am

Secretary of State