SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.

AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9400041033 (9)

FAMCO OF TAMPA, INC.

				_
Principal	Place	of	Business	

Mailing Address

4139 E BUSCH BLVD. TAMPA FL 33617 4139 E BUSCH BLVD. TAMPA FL 33617

FILED Jul 16 1998 8:00am Secretary of State



TAMPA FL 336	17	TAMPA FL 33617				DO NOT WRITE IN THIS S	PACE			
	_					3. Date Incorporated or Qualified 05/25/1994				7
	lace of Business	2a. Mailing Address				4. FEI Number		Applie	d For	1
21		26				59-3240786		Not A	pplicable]
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		5 Add e Requ		
City & Stat	8	City & State				6. Election Campaign Financing Trust Fund Contribution		00 Ma ded to F		
Zip	Country	Zip	Coun	try		8. This corporation owes or has paid the currer	nt year	Intang	ible	1
24	25	29	30			Personal Property Tax due June 30.	Yes		lo	
	9. Name and Address of Curren	t Registered Agent		1		10. Name and Address of New Registered Ag	ent			7
	PIK, FRED		{	31	Name					
4139 TAM) e Blusch Blvd. Pa Pl 33617		1	32	Street Addres	ss (P.O. Box Number is Not Acceptable)				1
17 314	1712 00011		1	33						1
			8	34	City	Pi	85	Žip Coo	Je	1
44 5		10074-00-5) 11-01-1			<u>-</u>	FL.				4
office or agent.	registered agent, or both, in the State and familiar with, and a scent the obligh	2 and 607.1508, Florida Statut of Florida. Such change was ations of, section 607.0505, Fl	es, the abov authorized Iorida Statu	ve-n by t tes.	named corporation the corporation	tion submits this statement for the purpose of char i's board of directors. I hereby accept the appointr	iging (i nent a	is regist	lered lered	
SIGNATURE	Signifure, typed or printed name of registered ager	at and title if applicable (N	IOTE: Registere	d Age	ent signature require	ad when reinstating) DATE				
12.		D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND	DIRE	CTORS	IN 12	78
TITLE	PO	DELETE	1.1 TITU	E			Char	nge	Addition]
NAME	ENGELEN, SIGRID		1.2 NAM	E	ļ					3
STREET ADDRESS	P.Q. BOX 12 N/A		1.3 STRE	ETA	ADDRESS					į
CITY-ST-ZIP	NOVATO CA 94948		1.4 CITY		ZIP					18
TITLE	SD CANDON FORD	L DELETE	2.1 TITLE			L_	Char	ige L	Addition	
NAME	Karpik, Fred P.O. Box 1203 N/A		2.2 NAM			with the first				
STREET ADDRESS			•		ADDRESS					1
CITY-ST-ZIP TITLE	NOVATO CA 94948	Попет	2.4 CITY 3.1 TITU		ŽIP		1		7	-
NAME	KARPIK, RENEE	LJ DELETE	3.2 NAM		ļ	<u>L</u>	Chan	ge L	Addition	
STREET ADDRESS	P.O. BOX 1203 N/A				ADDRESS					
CITY-ST-ZIP	NOVATO CA 94948		3.4 CITY							
TITLE		DELETE	4.1 TITL		<u> </u>		Char	ле Г	Addition	1
NAME			4.2 NAM	E			J 01.741	Эv Г	J 710010011	
STREET ADDRESS		•	4.3 STRE	ET A	ADDRESS					
CITY-ST-ZIP			4.4 CITY	-ST-Z	ZIP					
TITLE		DELETE	5.1 TITLE	E			Chan	ge 🗀	Addition]
NAME	-		5.2 NAM	E	- 1					
STREET ADDRESS			5.3 STRE	ET A	address					
CITY-ST-ZIP			5.4 CITY	-ST-2	ZIP					Ţ
TITLE	•	DELETE	6.1 TITLE	E			Chan	ge [Addition	
NAME			6.2 NAM							
STREET ADDRESS			6.3 STRE	ET A	ADDRESS					
CITY-ST-ZIP			6.4 CITY	ST-Z	ZIP					╛

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 of 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 corploration or the receiver or true dee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapter, or on an attraction and address.

SIGNATURE: TENCH OUR REQUIRED

XXE034 (5/98)