

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

FILED

Apr 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000066516 (2)**

1. Corporation Name

FANTASY & FAUX, INC.

Principal Place of Business

1420 WESTCHESTER AVENUE
WINTER PARK FL 32789
US

Mailing Address

1420 WESTCHESTER AVENUE
WINTER PARK FL 32789-5535
US



2. Principal Place of Business		2a. Mailing Address	
21 511 Virginia Drive	26 511 Virginia Drive		
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.		
23 Orlando Florida	28 Orlando FL		
24 32803	25 USA	29 32803	30 USA

3. Date Incorporated or Qualified 09/01/1995	3a. Date of Last Report 05/01/1996
4. FEI Number 59-3355828	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

DAVIS, GUY R
1420 WESTCHESTER AVENUE
WINTER PARK FL 32789

10. Name and Address of New Registered Agent

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

TITLE	P	<input type="checkbox"/> DELETE
NAME	DAVIS, GUY R	
STREET ADDRESS	1420 WESTCHESTER AVENUE	
CITY - ST - ZIP	WINTER PARK FL 32789	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	POYNER, STEVEN	
STREET ADDRESS	211 E. MILLER ST.	
CITY - ST - ZIP	ORLANDO FL 32806	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	RIZZO, RICHARD	
STREET ADDRESS	5120 FERN GREST DR.	
CITY - ST - ZIP	WINTER PARK FL 32782	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Secretary
2.3 STREET ADDRESS	Eric Poff
2.4 CITY - ST - ZIP	803 Hillcrest St
	Orlando, FL 32803
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	VP
3.3 STREET ADDRESS	James E. Patterson
3.4 CITY - ST - ZIP	1081 Kenwood Ave
	Winter Park, FL 32789
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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: **X** **GUY R DAVIS** **Resubmitted 4/9/97**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

407-898-5455