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

PROFIT CORPORATION ANNUAL REPORT

1998



HI ORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000066516 (2)

FANTASY & FAUX, INC.

Principal Place of Business Mailing Address

FILED Mar 19 1998 8:00am Secretary of State



ODI ANDO EI		511 VIRGINIA DRIVE				
ORLANDO FL 32803 US			ORLANDO FL 32803 LIS		DO NOT WRITE IN THIS SPACE	
•		00			3. Date Incorporated or Qualified	
					09/01/1995	
2. Principal P	lace of Business	2a. Mailing Address	a. Mailing Address		4, FEI Number	Applied For
21		26	6		59-3355828	Not Applicable
Suite, Apt. #, etc		Suite, Apt. #, etc				\$8.75 Additional
22		27			5. Certificate of Status Desired	Fee Required
City & State		City & State	City & State		8. Election Campaign Financing	\$5.00 May Be
23		28	4		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country		8. This corporation owes or has paid the c	urrent year Intangible
24	25	29	30		Personal Property Tax due June 30.	Yes No
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered	Agent
	VIS, GUY R		B1	Name		
1420 WESTCHESTER AVENUE			B	Street Ac	ddress (P.O. Box Number is Not Acceptable)	
WINTER PARK FL 32789					· · · · · · · · · · · · · · · · · · ·	
			83	5		
			84	City	iim t	85 Zip Code
				1 -	FI.	L, T 1
11. Pursuant to the provisions of Sections 607.05.02 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 this State of Florida Study 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 more of registerest ap	entavstide Capperable (NO	TE Birgistered Ag	jent signature re	equired when reinstating) DATE	-
12.	OFFICERS AN	ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AN	ND DIRECTORS IN 12
TITLE	P	DETER	1 1 TITLE			☐ Change ☐ Addition
NAME	DAVIS, GUY R		1.2 NAME			
STREET ADDRESS 1420 WESTCHESTER AVENUE		JE .	1.3 STREET ADDRESS			
CITY-ST-ZIP	WINTER PARK FL 32789		1 4 CITY+ST-ZIP			
TITLE	8	☐ DELETE	21 TITLE			Change Addition
NAME	POFF, ERIC		22 NAME			
STREET ADDRESS			23 STREE	T ADDRESS	•	
CITY-ST-ZIP	ORLANDO FL		2 4 CITY	ST-ZIP		
TITLE	VP	☐ DELETE	3 1 TITLE		•	Change Addition
NAME	PATTERSON, JAMES E		3 2 NAME	1		
STREET ADORESS	1081 KENWOOD AVE.		3 3 STAEE	T ADDRESS		1
CITY-ST-ZIP	WINTER PARK FL		3.4. CITY -	ST-ZIP		
TITLE		☐ DELETE	41 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			
STREET ADDRESS			5.3 STREE	T ADDRESS		·
CITY-SI-ZIP			5.4 CITY -	ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE			Change Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREE	1 ADDRESS		ĺ
CITY-ST-ZIP			6.4 CITY-	ST-ZIP		

14. Thereby 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