## 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 # P96000102604

1. Corporation Name

FEAR FIGHTERS ASSOCIATION OF AMERICA, INC.

| Principal Place of Business |      |               |  |  |  |  |  |  |  |
|-----------------------------|------|---------------|--|--|--|--|--|--|--|
| 205                         | BASE | <b>AVENUE</b> |  |  |  |  |  |  |  |

Mailing Address

## 

**FILED** 

Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90207 012 \*\*\*150.00

| VENICE FL 34285  |  | 205 BASE AVENUE<br>VENICE FL 34285                                  |                            |                    |  |  |                |            |  |
|--|--|---|----------------------------|--------------------|--|--|----------------|------------|--|
|  |  |   |                            |                    | DO NOT WRITE IN THIS SPACE                         |  |                |            |  |
|  |  |   |                            |                    |  | 3. Date Incorporated or Qualifed   |                |            |  |
|  |  |   |                            |                    |  | 12/19/1996   |                |            |  |
| 2. Principal Pl  | ace of Business  | 2a. Mailing Address   | 2a. Mailing Address        |                    |  | 4. FEI Number  | . Ap           | plied For  |  |
| 21   |  | 26  |                            |                    | 65-0845546   | No   | t Applicable   |            |  |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc.   |                            |                    |  |  | \$8.75 A       | dditional  |  |
| 22   |  | 27  | 27                         |                    |  | 5. Certifcate of Status Desired  | Fee Re         | quired     |  |
| City & State   | ,  | City & State  |                            |                    |  | 6. Election Campaign Financing   | \$5.00         | May Be     |  |
| 23   |  | 28  | 28                         |                    |  | Trust Fund Contribution  | Added to       | o Fees     |  |
| Zip  | Country  | Zip Count   |                            |                    |  | 8. This corporation owes the current year Intangible   |                |            |  |
| 24   | 25 29 30   |   |                            |                    | Personal Property Tax. Yes No                      |  |                |            |  |
| 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent |  |   |                            |                    |  |  |                |            |  |
|  | ,  |   | 8                          | 1 Na               | ame .  |  |                |            |  |
|  | NHAM, DONALD R   | -   | 8                          | 2 St               | Street Address (P.O. Box Number is Not Acceptable) |  |                |            |  |
| 1532 US 41 BY-PASS SO.   |  |   | ["                         |                    |  |  |                |            |  |
|  | E 241  |   | 8                          | 3                  |  |  |                |            |  |
| VENI   | CE FL 34293  |   | 8                          | 4 6                |  |  | . 85 Zip C     | ode.       |  |
|  |  |   | 6                          | 4 Ci               | ıty  | FI   |                | ,000       |  |
| 11. Pursuant t   | to the provisions of Sections 607.050  | 2 and 607.1508, Florida Statute                                     | s, the abo                 | ve-na              | med corpor   | pration submits this statement for the purpose on's board of directors. I hereby accept the appo | f changing its | registered |  |
| office or re   | egistered agent, or both, in the State<br>n familiar with, and accept the obliga | of Florida, Such change was au<br>stions of Section 607 0505. Flori | ithorized b<br>ida Statute | y the i            | corporation  | n's board of directors. I hereby accept the appo   | antment as reg | jistered   |  |
| _  | ii jairiilai iiitii, and accept the obliga                                       | 110110 01, 0001011 001.0000, 1 1011                                 |                            |                    |  |  |                |            |  |
| SIGNATURE  | Signature, typed or printed name of registered age                               | nt and title if applicable. (NOTE:                                  | Registered Ag              | ent sign           | sture required                                     | when reinstating) DATE   |                |            |  |
| 12.  | OFFICERS AN  | ID DIRECTORS  | 13.                        |                    |  | ADDITIONS/CHANGES TO OFFICERS A  | ND DIRECTO     | RS IN 12   |  |
| TITLE  | P/D  | ☐ DELETE  | 1.1 TITLE                  |                    |  |  | Change         | ☐ Addition |  |
| NAME   | BURNHAM, DONALD R  |   | 1.2 NAME                   |                    |  |  |                |            |  |
|  |  |   | 1.3 STRE                   | ET ADOI            | RESS   | •  |                |            |  |
| LITTLE OF THE ALCOHOL  |  |   | 1.4 CITY-                  | ST-ZIP             | i  |  |                |            |  |
| TITLE  | D  | ☐ DELETE  | 2.1 TITLE                  |                    |  |  | ☐ Change       | Addition \ |  |
| NAME   | BURNHAM, ALICE   |   | 2.2 NAME                   |                    | .  |  |                |            |  |
| STREET ADDRESS   |  |   | 2.3 STRE                   | 2.3 STREET ADDRESS |  |  |                |            |  |
| CITY-ST-ZIP  | VENICE FL 34293  |   | 2.4 CITY                   | -ST-ZIP            | ,   ,  |  |                |            |  |
| TITLE  |  | ☐ DELETE  | 3.1 TITLE                  |                    | VI   | EE President & Secratory<br>Onnie D. KOLINSKI  | ☐ Change       | Addition   |  |
| NAME   |  |   | 3.2 NAME                   |                    | $\mathbb{B}_{o}$                                   | onnie D. KOLINSKI  |                |            |  |
| STREET ADDRESS   |  |   | 3.3 STRE                   | ETADO              | RESS 2   | 05 BASE AVENUE   |                | 1          |  |
| CITY-ST-ZIP  |  |   | 3.4, CITY                  | -ST-ZIP            | V  | 05 BASE AVENUE<br>VENICE FL 34285  |                | _          |  |
| TITLE  |  | ☐ DELETE  | 4.1 TITLE                  |                    | 一一子  | PEACHREL .   | Change         | Addition   |  |
| NAME   |  |   | 4. 2 NAM                   | E                  |  | FERREN R. HAVA   |                | /          |  |
| STREET ADDRESS   |  |   | 4.3 STRE                   | ET ADDI            | RESS 3   | SASE AVENUE  |                |            |  |
| CITY-ST-ZIP  |  |   | 4.4 CITY-                  | ST-ZIP             | V  | Tource FL 34285  |                |            |  |
| TITLE  |  | ☐ DELETE  | 5.1 TITLE                  |                    | -  |  | ☐ Change       | ☐ Addition |  |
| NAME   |  |   | 5.2 NAME                   |                    |  |  |                | Ì          |  |
| STREET ADORESS   |  |   | 5.3 STRE                   | ET ADDI            | RESS   |  |                | .          |  |
| CITY-ST-ZIP  |  |   | 5.4 CITY-                  | ST-ZIP             |  | <i>'</i>   |                |            |  |
| TITLE  |  | ☐ DELETE  | 6.1 TITLE                  |                    | +  |  | Change         | Addition   |  |
| NAME   |  |   | 6.2 NAME                   |                    |  |  |                |            |  |
| Į.   | •  |   | 6.3 STRE                   |                    | RESS   |  |                | 1          |  |
| STREET ADDRESS   |  |   |                            |                    | 1  |  |                |            |  |

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.