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 # **P97000100507**

1. Corporation Name

FAE, INC.

**FILED** 

Feb 23, 1999 8:00 am Secretary of State

02-23-1999 90063 011 \*\*\*150.00

ailing Address	
ailing Address	

Principal Place of Business Mailing Address			i immilmit ita emiti tağın adırı sanın asımı tsa	*** ***********************************					
,		13002 SEMINOLE BLVD							
13002 SEMINOL SEMINOLE FL :		SEMINOLE FL 33778							
	••••					DO NOT WRITE IN TH	IS SPACE		
						3. Date Incorporated or Qualifed 01/01/1998			
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number		Applied For	
21		26				59-3481337		Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	-			a Continue of Status Desired	\$8.75	Additional	
		27				5. Certificate of Status Desired	Fee	Required _	
		City & State	& State			6. Election Campaign Financing	\$5.0	\$5.00 May Be	
28						Trust Fund Contribution	Added to Fees		
Zip	Country	Zip	Cou	intry		8. This corporation owes the current year	Intangible		
!	25	29	0			Personal Property Tax.	☐Yes	□No_	
'	9. Name and Address of Currer	nt Registered Agent				10. Name and Address of New Registers	d Agent		
				81	Name				
	NANDEZ, FREDERICK			82	Etropt Addr	ess (P.O. Box Number is Not Acceptable)			
1300	2 SEMINOLE BLVD			02	Street Addit	ess (P.O. Box Number is 1401 Acceptable)			
SEM	INOLE FL 33778			83					
				$\sqcup$					
				84	City	F	85 Zi	Code	
44 Durana	to the provinces of Sections 607.060	37 and 607 1508 Florida Statutes	the	boyes	named com	oration submits this statement for the purpose		ts registered	
office or r	egistered agent, or both, in the State im familiar with, and accept the obliga	of Florida. Such change was auti	nonze	o by tr	ie corporatio	n's board of directors. I hereby accept the app	pointment as	registered	
SIGNATURE	Signature, typed or printed name of registered age	at and title if applicable (NOTE: R	ecisterec	1 Agent s	eignsture require	d when reinstating) DATE			
		ND DIRECTORS	13.	1 Agont a	ignatura require	ADDITIONS/CHANGES TO OFFICERS	AND DIRECT	ORS IN 12	
12. TITLE	D	DELETE	1.1 11	T) F		ABBINORGOIR NO OTTOE NO	Change		
	HERNANDEZ, FREDERICK		1						
NAME	13002 SEMINOLE BLVD	1.2 NAME			DDDECC				
STREET ADDRESS					ODRESS	•			
CITY-ST-ZIP	SEMINOLE FL 33778	DELETE	1.4 CITY-ST-ZIP		ZIP		☐ Chang	e Addition	
TITLE	P	V. NDELETE			\ \		Chouring	у	
NAME	BELL, ERIK T	-	2.2 N	AME					
STREET ADDRESS			2.3 S	TREET A	DORESS				
City-s <u>t-zip</u>	SEMINOLE FL 33778		2.4.0	TY-ST-	ZIP			T Addition	
TITLE	V	DELETE	3.1 TI	TI,E	}		☐ Chang	e 🔲 Addition	
NAME	GROW, ADAM J	,	3.2 N	AME					
STREET ADDRESS	13002 SEMINOLE BLVD		3.3 S	TREET A	ADDRESS				
CITY-ST-ZIP	SEMINOLE FL 33778		3.4. C	ITY-ST-	ZIP				
TITLE		☐ DELETE	4.1 TI	πLE			Chang	e 🔲 Addition	
NAME	1		4.2 N	IAME	}				
STREET ADDRESS			4.3 S	TREET A	NODRESS				
CITY-ST-ZIP	1		4.4 C	ITY-ST-	ZIP				
TITLE		☐ DELETE	5.1 TI		$\neg \top$		Chang	e Addition	
NAME	ļ		5.2 N		ļ	•	•		
STREET ADDRESS			5.3 S	TREETA	ADORESS				
			5.4 C	ITY-ST-	ZIP				
CITY-ST-ZIP	<del>                                     </del>	☐ DELETE	6.1 TI		<del></del>		Chang	e Addition	
		[ VCCC12	6.2 N	AME	Ì		_ •		
NAME	1		•		ADDRESS				
STREET ADDRESS				TV.ST.	- 1	·			
	i e		■ 6 A C	IIV.ST.	AD I				

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 suppliemental 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.

**SIGNATURE:**