

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S01609 (4)

1. Corporation Name

FAMOUS FACES, INC.



Principal Place of Business

5600 FOURTH AVENUE
KEY WEST FL 33040

Mailing Address

BOX 999
KEY WEST FL 33040

3. Date Incorporated or Qualified

08/24/1990

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

65-0456697

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s 199.032,
Florida Statutes

☒ Yes

☐ No

24

25

28

Zip

Country

34492

USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DENKER, MITCHELL
10231 SE 144 PLACE
SUMMERFIELD FL 34492

81 Name

MITCHELL DENKER

82 Street Address (P.O. Box Number is Not Acceptable)

12130 SE 47 AV

83

84 City

SUMMERFIELD

FL

85 Zip Code

34492

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

Mitchell Denker Mitchell DENKER

Signature, typed or printed name of registered agent, and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/15/96

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	DAVENPORT, WALTER	
STREET ADDRESS	5600 FOURTH AVENUE	
CITY - ST - ZIP	KEY WEST FL 33040	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	DENKER, MITCHELL	
STREET ADDRESS	10231 SE 144 PLACE	
CITY - ST - ZIP	SUMMERFIELD FL 34492	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ROLLI, JOHN	
STREET ADDRESS	5600 4TH AVE	
CITY - ST - ZIP	KEY WEST FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	SQUIRES, GEORGE	
STREET ADDRESS	5600 4TH AVE	
CITY - ST - ZIP	KEY WEST FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SAUNDERS, SCOTT	
STREET ADDRESS	LUANI PLAZA	
CITY - ST - ZIP	KEY WEST FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SOLER, RALPH	
STREET ADDRESS	5600 FOURTH AVENUE	
CITY - ST - ZIP	KEY WEST FL 33040	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	DAVENPORT, WALTER	
1.3 STREET ADDRESS	5600 FOURTH AVENUE	
1.4 CITY - ST - ZIP	KEY WEST FL. 33040	
2.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	DENKER MITCHELL	
2.3 STREET ADDRESS	12130 SE 47 AV	
2.4 CITY - ST - ZIP	SUMMERFIELD FL. 33040	
3.1 TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	ROLLI, JOHN	
3.3 STREET ADDRESS	5600 4TH AVE	
3.4 CITY - ST - ZIP	KEY WEST FL. 33040	
4.1 TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	SQUIRES, GEORGE	
4.3 STREET ADDRESS	5600 4TH AVE	
4.4 CITY - ST - ZIP	KEY WEST FL. 33040	
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	SAUNDERS, SCOTT	
5.3 STREET ADDRESS	201 FRONT STREET, SUITE 220	
5.4 CITY - ST - ZIP	KEY WEST, FL 33040	
6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	JOHN AUSTIN	
6.3 STREET ADDRESS	5600 4TH AVE	
6.4 CITY - ST - ZIP	KEY WEST FL.	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Mitchell Denker

4/15/96

8523477112

Date

Daytime Phone

CR2E034 (12/95)