

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

1995 MAR -6 AM 10:19

DOCUMENT # **S09129** (5)

1. Corporation Name
FANCO INTERNATIONAL, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

PO BOX 2030
TAMPA FL 33601

Mailing Address

PO BOX 2030
TAMPA FL 33601

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

10/26/1990

3a. Date of Last Report

03/21/1994

4. FEI Number

59-3036870

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

2. Principal Place of Business		2a. Mailing Address	
21		26	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	
City & State		City & State	
23		28	
Zip	Country	Zip	Country
24		29	
30			

9. Name and Address of Current Registered Agent

SHARP, WILLIAM M.
SUITE 255, TWO URBAN CENTRE
4890 W. KENNEDY BLVD.
TAMPA FL 33609

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 of appointment.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D
NAME	FUENTE, CARLOS P.
STREET ADDRESS	ZONA FRANCA
CITY - ST - ZIP	SANTIAGO, DOMINIC. REP
TITLE	D
NAME	FUENTE, CARLOS A.
STREET ADDRESS	ZONA FRANCA
CITY - ST - ZIP	SANTIAGO, DOMINIC. REP
TITLE	D
NAME	NEWMAN, ERIC M
STREET ADDRESS	2701 16TH STREET
CITY - ST - ZIP	TAMPA FL
TITLE	D
NAME	NEWMAN, ROBERT N.
STREET ADDRESS	2701 16TH STREET
CITY - ST - ZIP	TAMPA FL
TITLE	D
NAME	NEWMAN, STANFORD J.
STREET ADDRESS	2701 16TH STREET
CITY - ST - ZIP	TAMPA FL
TITLE	D
NAME	SHARP, WILLIAM M.
STREET ADDRESS	4890 W. KENNEDY BLVD. #255
CITY - ST - ZIP	TAMPA FL

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 type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
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/We 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: *Eric Newman* ERIC NEWMAN 2/28/95 813 218 2124
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR