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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #1. Corporation Name

(1)

FAME (COHPORATION								
Principal Plac	e of Business	Mailing Address				- I IMMITELIA KAR KARAL ONTAN MITON MITON KAMU MARIN A	ISTEL BYDIL DIO	is minit min	HI INDI
DAN LATTA.	RECEIVER	215 W DONEGAN AVE							
215 W DONEGAN AVE KISSIMMEE FL 34741						DO MOT WRITE IN THIS COACE			
KISSIMMEE FL 34741 US							NOT WRITE IN THIS SPACE		
US						3. Date Incorporated or Qualified			
<u> </u>		A. Martina Address	 			01/17/1991 4. FEI Number		LAnnii	rd For
·	Place of Business	2a, Mailing Address					 	Applie	
21	Al ala		Suite, Apt. #, etc.			65-0239533	Not Applicable \$8.75 Additional		
_	Suite, Apt. #, etc. Suite, Apt. #, etc.					6. Certificate of Status Desired	Fee Required		
City & Stat	City & State City & State					6. Election Campaign Financing			
23	28					6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip			Cou	intry		8. This corporation owes or has paid the			
24	25	29	30	-		Personal Property Tax due June 30	√ Yes	□ Ñ	
	g, Name and Address of Curre		11			10. Name and Address of New Register	ed Agent		
I A'	TTA, DAN			81 Nar	ne				
215 W. DONEGAN AVE					# 1 A alalya	on (D.O. Boy Mumber in Not Accordable)	•		
			82 Stre	et Addre	ddress (P.O. Box Number is Not Acceptable)			İ	
ru.	SSIMMEE FL 34741			83		<u> </u>			$\neg \neg$
				<u> </u>		- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1-	1221		
				84 City		F	EL 85	Zip Cod	36
11. Pursuant office or i agent. La SIGNATURE	to the provisions of Sections 607.050 registered agent, or both, in the State am familiar with, and accept the oblig	pations of, Section 607.0505, F	iorida Sta	wes.		vation submits this statement for the purpos on's board of directors. I hereby accept the		ing its re nt as reg	egistered pistered
0,0,0,1,0,12	Signature, typod or printed name of registered ag			d Agent signa	lure required	d when reinstating) DAT			i
12.		ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS /	AND DIREC		N 12 S
TITLE				1.1 TOTALE Rec		eiver		nige L	
NAME	LATTA, DAN R		1.2 N		Lat	ta, Dan			
STREET ADORESS				FREET ADDRES	SS ZIO	W Donegan Ave.			Įį.
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TITLE		☐ DELETE	6.1 T				☐ Cha	ange L	Addition
NAME			6.2 N	AME					
STREET ADDRESS			6.3 S	TREET ADDRE	SS				

SIGNATURE: Dan Latta, Receiver

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.

4-16-98

FILED

Apr 24 1998 8:00am

Secretary of State

407 933- 2006