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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # 712930

(7)

THE FAI	irways apartments, II	NC.					
Principal Place o	of Business	Mailing Address					
400-500 N E 14 HALLANDALE F	* *	400-500 N E 14TH HALLANDALE FL					
					3. Date Incorporated or Qualified 06/13/1967	3a. Date of La 02/15	
2. Principal Plac	ce of Business	2a. Mailing Address	ŝ		4. FEI Number		Applied For
1		26			59-1222634		Not Applicable
Suite, Apt. #,	, etc.	Suite, Apt. #, e	lc.		5. Certificate of Status Desired		75 Additional ee Required
City & State		City & State			6. Election Campaign Financing		.00 May Be
3		28			Trust Fund Contribution	7 -	ded to Fees
Zip	Country	Zıp	Coun	try	8. This corporation has liability for	intangible tax under	s. 199.032,
ī] .	25	29	30		Florida Statutes	Yes No	
	9. Name and Address of Curre	ent Registered Agent			10. Name and Address of New F	Registered Agent	
			{	Name			
MCKEE,	SUPERINTENDENT		1	32 Street Ad	idress (P.O. Box Number is Not Acceptal	ble)	···
500 N.E.	14TH AVE.		ļ.	33			
APT 111				53			
HALLAND	DALE FL 33009		1	34 City		FL 85	Zip Code
or registere	o the provisions of Sections 617.05 ed agent, or both, in the State of Fic	orida. Such chance was a:	ithorized by the co	e-named corporation's b	poration submits this statement for the pu pard of directors. I hereby accept the app	urpose of changing (pointment as registe	red agent. I am
or registere familiar with SIGNATURE	ed agent, or both, in the State of Fich, and accept the obligations of, Sc signature, typed or printed name of registered ag	orida, Such change was au action 617,0503, Florida St	uthorized by the contaction in the contact of the sound in the contact of the con	orporation's b	pard of directors. Thereby accept the appoint of with mentaling	DATE	red agent. I am
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SIGNATURE: _

SIGNATURE AND TYPED OR PHINTED NAME OF SIGNING OFFICER OR DIRECTOR JOYCE DE ROSA

Pres.

3-12-96

(954) 458-6247

Daytime Phone #

CR2F037 (12/96