


FILE NOW: FILING FEE IS \$61.25

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May 20 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **712942** (2)
1. Corporation Name
THE FAIRWAYS SOUTH, INC.



Principal Place of Business 300 N E 14 AVE HALLANDALE FL 33009	Mailing Address 300 N E 14 AVE HALLANDALE FL 33009
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 06/15/1967	
4. FEI Number 59-1236701	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent KLEIN, MAX L. 300 NE 14TH AVE. HALLANDALE FL 33009
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10. Name and Address of New Registered Agent 81 Name SAL FERRANTE 82 Street Address (P.O. Box Number is Not Acceptable) 300 NE 14 AVENUE 83 City HALLANDALE FL 85 Zip Code 33009

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *[Signature]* **SALVATORE A. FERRANTE PRES.** 4-22-98
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	V BERNARD, MIRVIS
STREET ADDRESS	300 NE 14TH AVE.
CITY-ST-ZIP	HALLANDALE FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	PT KLEIN, MAX L.
STREET ADDRESS	300 NE 14TH AVE.
CITY-ST-ZIP	HALLANDALE FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	T KRASNER, JACK
STREET ADDRESS	300 NE 14TH AVE
CITY-ST-ZIP	HALLANDALE FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	S SCHWARTZ, ROSE
STREET ADDRESS	300 NE 14TH AVEN
CITY-ST-ZIP	HALLANDALE FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	D BOVIN, MARCIL
STREET ADDRESS	200 NE 14TH AVE
CITY-ST-ZIP	HALLANDALE FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	D DAVIDSON, ZELDA
STREET ADDRESS	200 NE 14TH AVE.
CITY-ST-ZIP	HALLANDALE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	VICIE MORROW
1.3 STREET ADDRESS	300 N.E. 14 AVE
1.4 CITY-ST-ZIP	HALLANDALE FL.
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	P PRESIDENT
2.3 STREET ADDRESS	SAL FERRANTE
2.4 CITY-ST-ZIP	200 N.E. 14 AVE HALLANDALE, F.
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	T PRESIDENT
3.3 STREET ADDRESS	ANNEG BUSBY
3.4 CITY-ST-ZIP	200 W.E. 14 AVE HALLANDALE, F.
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	S SECRETARY
4.3 STREET ADDRESS	ANTHONY BIGAQUETTE
4.4 CITY-ST-ZIP	300 N.E. 14 AVE HALLANDALE, FL.
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	D DIRECTOR
5.3 STREET ADDRESS	GALLES GAUDREAU
5.4 CITY-ST-ZIP	390 N.E. 14 AVE HALLANDALE, FL.
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	D DIRECTOR
6.3 STREET ADDRESS	SEE. NUBSBAUM
6.4 CITY-ST-ZIP	200 N.E. 14 AVE HALLANDALE, FL.

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **PIERRE BUSBY** 4-22-98 934 491-0707

CR2E037 (10/97)