FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT #

HELEN JENSEN

SIGNATURE:

(2)

FAIRHAV								
Principal Place of Business		Mailing Address			7 70 271 10 10 11 11 11 11 11 11 11 11 11 11 11			
5700 NW 84 TERRACE TAMARAC FL 33321		5700 NW 84 TERRACE TAMARAC FL 33321-4551						
						3. Date Incorporated or Qualified 12/06/1971		
2. Principal Plac	ce of Business	2s. Mailing Address				4. FEI Number 59-1475791		
Suite, Apt. #,	etc	Suite, Apt. #, etc.				5. Certificate of Status Desired		
City & State		City & State				6. Election Campaign Financing Trust Fund Contribution		
Ζίρ 24	Country 25	Zip 29	30	untry		This corporation has liability for Florida Statutes		
	irrent Registered Agent				10. Name and Address of New R			
JENSEN, I	HELEN R1 AVENUE				Name Street Ac	ddress (P.O. Box Number is Not Accepta		

FILED Apr 18 1997 8:00am Secretary of State



3a. Date of Last Report 04/24/1996

Applied For

Fee Required

Not Applicable \$8.75 Additional

City & State		City & State	City & State			. Election Campaign	Financing	\$5.	00 May Be				
23		28	28			Trust Fund Contribu	ution	Add	ied to Fees				
Zip	Country	Zip	Cour	ntry	8.	8. This corporation has liability for in		ntangible tax under s. 199.032,					
24 25 29 30					Florida Statutes Yes No								
	9. Name and Address of Cur	10. Name and Address of New Registered Agent											
				81 Nam	nė								
JENSEN, HELEN 5717 NW 81 AVENUE TAMARAC FL 33321					82 Street Address (P.O. Box Number is Not Acceptable)								
								85	Zip Code				
	75	0000 1 047 4000 -51 -11-					- A 6 Al-	FL °°					
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, typed or printed name of registered		(NOTE: Registered	Agent signat				DATE					
12.	OFFICERS	AND DIRECTORS	13.			ADDITIONS/CHANG	ES TO OFFICE						
TITLE	P	☐ DELE						Char	nge 🔲 Addition				
NAME	PETARDI, ELEANOR		1.2 NA				•						
STREET ADDRESS	8200 NW 58TH STREET		1.3 ST#	IEET ADDRES	is				Į				
City - St - ZiP	TAMARAC FL			Y-ST-ZIP									
TITLE	V	DELE	TE 2.1 TIT	ĻĒ			•	∟ Char	nge 🔲 Addition				
NAME	KARLIN, ADELE		2.2 NA	ME					ļ				
STREET ADDRESS	5800 NW 84TH TERRACE		2.3 STF	REET ADDRES	is [ĺ				
CITY-ST-ZIP	TAMARAC, FL 00000			TY-ST-ZIP		·	· · · · · · · · · · · · · · · · · · ·						
TITLE	T	DELE:	TE 3.1 TIT	LE		1		☐ Char	nge 🔲 Addition				
NAME	jensen, helen		3.2 NA	ME									
STREET ADDRESS	5717 NW 81 AVE		3.3 \$17	EET ADDRES	is .				Į				
CITY - ST - ZIP	TAMARAC FL		3.4. Cf	Y-ST-ZIP	l		· · · · · ·		·				
TITLE	D	DELE	TE 4.1 TOT	LE				Char	nge 🔲 Addition				
NAME	BRAMIE, SUSKIN		4. 2 NA	ME		0							
STREET ADDRESS	8209 NW 57TH CT.		4.3 STF	EET ADDRES	ss								
DITY-ST-ZIP	TAMARAC, FL 00000		4.4 CIT	Y-ST-ZIP									
TITLE	D	☐ DELE				1		☐ Char	nge 🔲 Addition				
NAME	MACALUSO, JOSEPH		5.2 NA	ME									
STREET ADDRESS	8405 NW 58 PLACE		5.3 STF	REET ADDRES	ss l				ĺ				
CITY - ST - ZIP	TAMARAC FL		5.4 CiT	Y-ST-ZIP		•							
TITLE	n	X DELE		LE .D	D			Char	nge Addition				
NAME	HOFFMAN, AL	"			1	IG, GEORGE	t		l				
STREET ADDRESS	8111 NW 58 PLACE			REET ADDRES		-							
CITY-ST-ZIP	TAMARAC FL			Y-ST-ZIP	040	1 NW 58 P	LACE						
14. I do hereb	by certify that the information supp	olled with this filing does not	qualify for the	exemption	n stated in S	ection 119.07(3)(i), F	lorida Statutes.	I further certify	that the				
14. I do 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.													