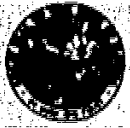


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 PM 12: 04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 737761 (7)

1. Corporation Name
FAIRFIELD MANOR ASSOCIATES, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
**9800 COLLINS AVENUE 9800 COLLINS AVENUE
BAL HARBOUR FL 33154 BAL HARBOUR FL 33154**

3. Date Incorporated or Qualified **01/07/1977** 3a. Date of Last Report **07/29/1994**
4. FEI Number **59-1709096** Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 601(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**THISSEN, DAVID R. JR.
9800 COLLINS AVENUE
BAL HARBOUR FL 33154**

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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

12. OFFICERS AND DIRECTORS
TITLE PD
NAME BURKE, FRANK
STREET ADDRESS 9800 COLLINS AVE
CITY - ST - ZIP BAL HARBOUR FL
TITLE VD
NAME THISSEN, DAVID R. JR.
STREET ADDRESS 9800 COLLINS AVE
CITY - ST - ZIP BAL HARBOUR FL
TITLE D
NAME ROY, JOHN
STREET ADDRESS 9800 COLLINS AVE
CITY - ST - ZIP BAL HARBOUR FL
TITLE S
NAME SACHER, CHARLES
STREET ADDRESS 2855 LEJEUNE RD.
CITY - ST - ZIP CORAL GABLES FL
TITLE TD
NAME HELLER, DAVID
STREET ADDRESS 1688 MERIDIAN AVENUE
CITY - ST - ZIP MIAMI BEACH FL
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP
6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

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

SIGNATURE: *John Roy* **JOHN ROY** 424-95 305-861-8090
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #