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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 737761

1. Corporation Name
FAIRFIELD MANOR ASSOCIATES, INC.

Principal Place of Business 9600 COLLINS AVENUE BAL HARBOUR FL 33154	Mailing Address 9600 COLLINS AVENUE BAL HARBOUR FL 33154
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 01/07/1977
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1709096
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent BURKE, FRANCIS D 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 85 Zip Code
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD BURKE, FRANK	1.1 TITLE	VP CLARE PERRY
NAME	9800 COLLINS AVE	1.2 NAME	9800 COLLINS AVE
STREET ADDRESS	BAL HARBOUR FL	1.3 STREET ADDRESS	BAL HARBOUR FL
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	D DIPIETRO, JOE	2.1 TITLE	
NAME	9800 COLLINS AVENUE	2.2 NAME	
STREET ADDRESS	BAL HARBOUR FL	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	D ROY, JOHN	3.1 TITLE	
NAME	9800 COLLINS AVE	3.2 NAME	
STREET ADDRESS	BAL HARBOUR FL	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	S SACHER, CHARLES	4.1 TITLE	
NAME	2655 LEJEUNE RD.	4.2 NAME	
STREET ADDRESS	CORAL GABLES FL	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	TD HELLER, DAVID	5.1 TITLE	
NAME	1688 MERIDIAN AVENUE	5.2 NAME	
STREET ADDRESS	MIAMI BEACH FL	5.3 STREET ADDRESS	300 - 71 ST. ST. # 301
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	D MCHARRAH, FRED	6.1 TITLE	
NAME	9800 COLLINS AVENUE	6.2 NAME	
STREET ADDRESS	BAL HARBOUR FL	6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: *X CLARE PERRY* DATE: *4-29-99* DAYTIME PHONE #: *305-861-8090*

CR2E037 (11/98)