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 Apr 10 1997 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N30231 (7)
 1. Corporation Name
 FAIRFAX CONDOMINIUM A ASSOCIATION, INC.



Principal Place of Business
~~MITE BROWARD INC~~
 3500 GATEWAY DR. SUITE 202
 POMPANO BEACH FL 33069

Mailing Address
~~MITE BROWARD INC~~
 3500 GATEWAY DR. SUITE 202
 POMPANO BEACH FL 33069 4870

3. Date Incorporated or Qualified 01/18/1989
 3a. Date of Last Report 02/05/1996

2. Principal Place of Business
 21 4373 ROCK ISLAND RD.
 Suite, Apt. #, etc.
 22
 City & State
 23 LAUDERHILL FL.
 Zip Country
 24 33319 25
 2a. Mailing Address
 26 4373 ROCK ISLAND RD.
 Suite, Apt. #, etc.
 27
 City & State
 28 LAUDERHILL FL.
 Zip Country
 29 33319 30

4. FEI Number 65-0092307 Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required
 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
 NEMEROFF DORIS
 7209 FAIRFAX DR
 TAMARAC FL 33321

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 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]* DATE 3/28/97
 Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	KANNER, NORMAN	
STREET ADDRESS	7233 FAIRFAX DR.	
CITY-ST-ZIP	TAMARAC FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	KOSSIN, BILL	
STREET ADDRESS	7217 FAIRFAX DR.	
CITY-ST-ZIP	TAMARAC FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	RANDAZZO, RANDY	
STREET ADDRESS	7219 FAIRFAX DR.	
CITY-ST-ZIP	TAMARAC FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	HELLER, SID	
STREET ADDRESS	7227 FAIRFAX DR.	
CITY-ST-ZIP	TAMARAC FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	NEMEROFF, DORIS	
STREET ADDRESS	7209 FAIRFAX DR.	
CITY-ST-ZIP	TAMARAC FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	HIRSCHFELD, ROBERT	
1.3 STREET ADDRESS	7055 FAIRFAX DR.	
1.4 CITY-ST-ZIP	TAMARAC, FL.	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

I 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 a director, officer, registered agent, or trustee of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name is on Block 12 or Block 13 if changed, or on an attachment with an address.

RE: *[Signature]* 7209 FAIRFAX DR TAMARAC FL 33321

CF2E037 (9/96)