

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Mar 12 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **S36387** (6)
1. Corporation Name
FAIRWAY BOCA, INC.



Principal Place of Business 777 SOUTH FLAGLER DR. 500. PHILLIPS POINT WEST PALM BEACH FL 33401 US	Mailing Address 1170 PEEL STREET 800 MONTREAL, QUEBEC, CANADA H3B 4P2 QC
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DO NOT WRITE IN THIS SPACE

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		3. Date Incorporated or Qualified 03/06/1991	
				4. FEI Number 65-0254019 Applied For 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	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S PINE ISLAND RD PLANTATION FL 33324				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 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	LUDWICK, ARNOLD M.			1.2 NAME	Samuel Minzberg		
STREET ADDRESS	1170 PEEL STREET			1.3 STREET ADDRESS	1170 Peel St. Suite 800		
CITY-ST-ZIP	MONTREAL OU			1.4 CITY-ST-ZIP	Montreal, QC H3B 4P2		
TITLE	ED	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PARSONS, ANDREW J.			2.2 NAME			
STREET ADDRESS	1170 PEEL ST			2.3 STREET ADDRESS			
CITY-ST-ZIP	MONTREAL OU			2.4 CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DOYLE, RICHARD P.			3.2 NAME			
STREET ADDRESS	1170 PEEL ST			3.3 STREET ADDRESS			
CITY-ST-ZIP	MONTREAL OU			3.4 CITY-ST-ZIP			
TITLE	AS	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ABRAMS, R. J			4.2 NAME			
STREET ADDRESS	5 PLACE VILLE MARIE			4.3 STREET ADDRESS			
CITY-ST-ZIP	MONTREAL OU			4.4 CITY-ST-ZIP			
TITLE	SVD	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LOU, GERALD E.			5.2 NAME			
STREET ADDRESS	4000 HOLLYWOOD BLVD			5.3 STREET ADDRESS			
CITY-ST-ZIP	HOLLYWOOD FL			5.4 CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COURTNELL, PAUL			6.2 NAME			
STREET ADDRESS	777 SOUTH FLAGLER DR., STE 500E			6.3 STREET ADDRESS			
CITY-ST-ZIP	WEST PALM BEACH FL			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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Richard P. Doyle

MARCH 5, 1998

CR2E034 (10/97)