

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Suzanne B. Mathis
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S86626** (6)

1. Corporation Name
FAJANS & ASSOCIATES, INC.



Principal Place of Business: **13000 SAWGRASS VILLAGE CIRCLE SUITE 28 PONTE VEDRA BCH FL 32082 US**
Mailing Address: **P. O. BOX 2349 PONTE VEDRA FL 32004-2349 US**

3. Date Incorporated or Qualified: **10/10/1991**
3a. Date of Last Report: **05/23/1995**
4. FEI Number: **59-3092339**
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
10. Name and Address of New Registered Agent

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent
**FAJANS, ROBERT G
13000 SAWGRASS VILLAGE CIRCLE
SUITE 28
PONTE VEDRA BCH FL 32082**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

11. I, the President of the corporation of Section 607.02(2)(b) of the Florida Statutes, hereby certify that the information about the statement for the purpose of changing its registered office or registered agent or both in the State of Florida, which change was authorized by the corporation, is true and correct, and I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.02(2)(b) of the Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PST	<input type="checkbox"/> DELETE
NAME	FAJANS, ROBERT G.	
STREET ADDRESS	13000 SAWGRASS VILLAGE CIRCLE SUITE 28	
CITY-STATE-ZIP	PONTE VEDRA FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	FAJANS, ROBERT G.	
STREET ADDRESS	13000 SAWGRASS VILLAGE CIRCLE SUITE 28	
CITY-STATE-ZIP	PONTE VEDRA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2	NAME	
3	STREET ADDRESS	
4	CITY-STATE-ZIP	
5	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6	NAME	
7	STREET ADDRESS	
8	CITY-STATE-ZIP	
9	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10	NAME	
11	STREET ADDRESS	
12	CITY-STATE-ZIP	

14. I do hereby certify that the information reported by the filer is true and correct and does not qualify for the exemption provided in Section 119.02, s.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 secretary or authorized agent of the corporation, and that the report is required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report or in an attached schedule.

SIGNATURE: *Robert G. Fajans*
SIGNATURE AND TYPED NAME OF SIGNING OFFICER OR DIRECTOR

April 15, 1996 (904) 273-5220

CR2E034 (12/95)