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

PROFIT CORPORATION ANNUAL REPORT

1998



LLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

DOCUMENT # \$86626

FAJANS & ASSOCIATES, INC.

(6)

FILED Jun 11 1998 8:00am Secretary of State



Principal Place	e of Business	Mailing Address			r annument neu natue anten atten state årtet årätt		
13000 SAWGRASS VILLAGE CIRCLE P. O. BOX 2349							
SUITE 28	A BALLEL BROOK	PONTE VEDRA FL 32004-2349 US					
US	A BCH FL 32082				DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualified 10/10/1991		
2. Principal Pl	ace of Business	2a. Mailing Address					
	OLANA RD	26]			4. FEI Number Applied For Not Applied For		
Suite, Apt.		Suite, Apt. #, etc			\$8.75 Additional		
22 SUITE	: A	27			5. Certificate of Status Desired Fee Regulred		
City & State		City & State			6. Election Campaign Financing \$5.00 May Be		
	VEDRA BCH, FL	28			Trust Fund Contribution Added to Fees		
^{Ζίρ} •32082	Country	Zip	Count	ry	8. This corporation owes or has paid the current year Intangible		
24 32002		[29]	30		Personal Property Tax due June 30. 🔲 Yes 🔣 No		
PA	g. Name and Address of Curren	t Registered Agent		4)	10. Name and Address of New Registered Agent		
FAJANS, ROBERT G 13000 SAWGRASS VILLAGE CIRCLE				1 Name FA	JANS, ROBERT G. (SAME AS BEFORE)		
				Street.	LAddress (P.O. Box Number is Not Acceptable)		
	SUITE 28				103 SOLANA RD		
PONTE VEDRA BCH FL 32082				SU:	JITE A		
			В		85 Zip Code		
44 Qurayont I	o the provisions of Sections COV DEDS)		POI	NTE VEDRA BCH FL 32082		
office or re	o the provisions of sections 607,0507 egistered Agent, or both justic State	z and 607, 1508, Florida Stat of Florida. Such change wa	utes, the abo s authorized t	ve-namod by the com	d corporation submits this statement for the purpose of changing its registerer reporation's board of directors. I hereby accept the appointment as registered		
agent Lar	n familia with and accept to obligh	itions of, Section 607.0505,	Florida Statut	os.	,		
SIGNATURE .	procum/2/1	4			re required when reinstating) DATE		
12,	ICERS AN	DIRECTORS	13.	gent signaturu	re required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
THLE	PST	DELETE	1.1 IIII.E		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
NAME	Fajans, Robert G.		1.2 NAME		- Change - Adding		
STREET ADDRESS	13000 SAWGRASS VILLAGE (CIRCLE SUITE 28		1 ADDRESS	103 SOLANA RD SUITE A		
CITY-ST-ZIP	Ponte vedra fl		1.4 CITY	·	Ponte Vedra Bch., FL 32082		
TITLE	VO	DECETE	2.1 TITLE		Change Additio		
NAME	FAJANS, ROBERT G.		2.2 NAME				
STREET ADDRESS	13000 SAWGRASS VILLAGE O	CIRCLE SUITE 28	2.3 STRE	I ADDRESS	103 SOLANA RD SUITE A		
CITY-ST-ZIP	PONTE VEDRA FL		2 4 CHY	- \$1 - ZIP	PONTE VEDRA BCH., FL 32082		
TITLE		☐ DELETE	3 1 111LE		Change Additio		
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREE	1 ADDRESS			
CITY-ST-ZIP	<u> </u>		3.4. CITY	- ST- ZIP	<u> </u>		
TITLE		DECETE	4.1 TILLE	·	Change Additio		
NAME	÷		4. 2 NAM	<u> </u>			
STREET ADDRESS			4.3 STREE	T ADDRESS			
CITY-ST-ZIP			4.4 CITY-	ST-ZIP			
TITLE	•	L, OFLETE	5 1 1111€		Change Addition		
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREE	T ADDRESS			
CITY+ST-ZIP		Please	5.4 City-	ST - ZIP			
TITLE		L DELETE	61 THLE		Change Addition		
NAME			62 NAME	- 1			
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP	actifully that the information	Carallana da anti-	6.4 CITY-				
14. I hereby ce indicated c	o n this annual report or supplemental	-annual report is true and ac	6.4 CITY- for the exem	SI-ZIP otion state	ed in Section 119.07(3)(i), Florida Statutes. I further certify that the information gnature shall have the same legal effect as if made under oath, that I am an s required by Chapter 607, Florida Statutes; and that my name appears in		