

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

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 MAR 28 PM 12:25

DOCUMENT # **320117 (5)**  
1. Corporation Name  
**FLAIR INC**

Principal Place of Business Mailing Address  
**PO BOX 15110 DAYTONA BEACH FL 32115** **PO BOX 15110 DAYTONA BEACH FL 32115**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **08/21/1967** 3a. Date of Last Report **03/29/1994**  
4. FEI Number **59-1174451** 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

2. Principal Place of Business 2a. Mailing Address  
21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.  
22. City & State 27. City & State  
23. Zip 24. Country 25. Zip 29. Country 30. Country

9. Name and Address of Current Registered Agent  
**DORAN, THEODORE R.  
444 SEABREEZE BLVD., SUITE 800-  
DAYTONA BEACH FL 32118**

10. Name and Address of New Registered Agent  
81. Name **THEODORE R. DORAN**  
82. Street Address (P.O. Box Number is Not Acceptable) **444 SEABREEZE BLVD.**  
83. **SUITE 800**  
84. City **DAYTONA BCH** FL 85. Zip Code **32118**

11. Pursuant to the provisions of Sections 607.081 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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE

*[Signature]*

**3/22/95**

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>
NAME	<b>MARTIN, RONALD G</b>
STREET ADDRESS	<b>709 LONE OAK DRIVE</b>
CITY, ST, ZIP	<b>PORT ORANGE FL</b>
TITLE	<b>V</b>
NAME	<b>SOPPET TERENCE C</b>
STREET ADDRESS	<b>941 DUNCAN ROAD</b>
CITY, ST, ZIP	<b>SO DAYTONA, FL 00000</b>
TITLE	<b>TS</b>
NAME	<b>MCGUIRE, THOMAS P. JR</b>
STREET ADDRESS	<b>905 DUNCAN RD</b>
CITY, ST, ZIP	<b>S DAYTONA FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY, ST, ZIP	
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	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(9)(b), 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. I am an officer or director of the corporation or the receiver or liquidator empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 of this report or on any attachments with an address.

SIGNATURE:

*[Signature]* **RONALD G. MARTIN**

**3/23/95**