

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 19 PM 4: 08

DOCUMENT # 338266 (0)

1. Corporation Name

FAYNE REALTY, INC.

Principal Place of Business

900 N. FEDERAL HWY
SUITE 310
BOCA RATON FL 33432
US

Mailing Address

900 N. FEDERAL HWY
SUITE 310
BOCA RATON FL 33432
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/27/1968

3a. Date of Last Report

06/15/1994

4. FEI Number

59-1220022

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

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23

City & State

27

Zip

24

Country

25

Zip

29

Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FAYNE, ANNETTE
6845 WILLOWOOD DR. #3025
BOCA RATON FL 33434

81 Name

FAYNE ANNETTE

82 Street Address (P.O. Box Number is Not Acceptable)

7563 IMPERIAL DR. Apt. 301 D

83

Boca Raton

84 City

FL

85

Zip Code

33433

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

Annette Fayne

1-12-95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. NAME

2. NAME

3. STREET ADDRESS

4. CITY, ST, ZIP

5. TITLE

6. NAME

7. NAME

8. STREET ADDRESS

9. CITY, ST, ZIP

10. TITLE

11. NAME

12. NAME

13. STREET ADDRESS

14. CITY, ST, ZIP

15. TITLE

16. NAME

17. NAME

18. STREET ADDRESS

19. CITY, ST, ZIP

20. TITLE

21. NAME

22. NAME

23. STREET ADDRESS

24. CITY, ST, ZIP

1. NAME

2. NAME

3. STREET ADDRESS

4. CITY, ST, ZIP

5. TITLE

6. NAME

7. NAME

8. STREET ADDRESS

9. CITY, ST, ZIP

10. TITLE

11. NAME

12. NAME

13. STREET ADDRESS

14. CITY, ST, ZIP

15. TITLE

16. NAME

17. NAME

18. STREET ADDRESS

19. CITY, ST, ZIP

20. TITLE

21. NAME

22. NAME

23. STREET ADDRESS

24. 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 Sections 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemented 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:

Annette Fayne

1-12-95

407 750 2233