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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 378851

FAIR BUILDERS INC.

TAME DOILD LITE INTO

FILED Feb 02, 1999 8:00am Secretary of State

02-02-1999 90020 035 ***150.00



		• •				IOIL BIDII DIDII DI	Dil Didil Hodi
Principal Place of Business Mailing Address							
409 PALM SPRINGS BLVD		749 PINETREE DRIVE					
IND HRB BCH FL 32937-2630		IND HRB BCH FL 32937-2630		DO NOT WRITE IN THIS SPACE			
U\$				3. Date Incorporated or Qualifed			
					03/01/1971		
		2a. Mailing Address			4. FEI Number	App	olied For
2. Principal Place of Business		<u> </u>			59-1370477	Not	Applicable
21		Suite, Apt. #, etc.				\$8.75 A	dditional
Suite, Apt. #, etc.		27	¬ - · · · ·		5. Certifcate of Status Desired	Fee Rec	quired
22			City & State		6. Election Campaign Financing \$5.00 May Be		
City & State		28			Trust Fund Contribution Added to Fees		
23	Country	Zip	Country	Y	8. This corporation owes the current year In	tangible	
Zip .		29 30	,		Personal Property Tax.	□Yes	□No
24	9. Name and Address of Curren		<u>, </u>		10. Name and Address of New Registered	Agent	
	9. Name and Address of Current		81	Name			
POO	RBAUGH, STEVEN L		-	Chan at Adda	ress (P.O. Box Number is Not Acceptable)		
	PALM SPRINGS BLVD		82	i Street Add:	ress (F.O. BOX Mullipe) is not neceptoric.	. 1	
INDIAN HARBOUR BCH FL 32937			83	3			
· ·	AN THAILBOOK BOTT I C CLOO	•			2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	los Zin (Codo ****
	•		84	4 City	FL	85 Zip (Jode
and the same of the same	say a say a say	- Logg 4500 Ft - II- Chat dog	the abov	no named cor	poration submits this statement for the purpose of ion's board of directors. I hereby accept the apportunity	f changing its	registered
11. Pursuant	to the provisions of Sections 607.050	of Florida: Such change was auti	norized by	y the corporati	poration submits this statement for the purpose of ion's board of directors. I hereby accept the appo	intment as re	gistered
oπice of re	egistered agent, or both, in the State m familiar with, and accept the obliga	tions of, Section 607.0505, Florid	la Statute	S.			
DIGNIATURE	1				DATE		
Signature, typed or printed name of registered agent and title it applicable. (NOTE: 14				ent signature require	ed when reinstating) ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12
12.	OFFICERS AN	ID DIRECTORS	13.	- T	ADDITIONS/OFFANCES TO C. T. C.	Change	☐ Addition
TITLE	DST	☐ DELÉTE		ì			
NAME	POORBAUGH, STEVEN L		1.2 NAME				Į
STREET ADDRESS	333 NAUTILA COURT			ET ADDRESS		•	.
CITY-ST-ZIP	INDIAN HRBR BCH FL		1.4 CITY-			Change	Addition
TITLE	P	☐ DELETE	2.1 TITLE	· [<u> </u>	<u> </u>
NAME	POORBAUGH, STEVEN L		2.2 NAME	I	•		
STREET ADDRESS	333 NAUTILA COURT		2.3 STRE	ET ADDRESS			
CITY-ST-ZIP	INDIAN HARBOR BCH FL		2.4 CITY	-ST-ZIP		Change	Addition
TITLE		☐ DELETE	3.1 TITLE	:		Criange	
NAME			3.2 NAME	=			ļ
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1.0	国际和国际 的一直会员的		3.4. CITY	-ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE			Change	☐ Addition
}	·		4. 2 NAM	tE.			
NAME	ļ,·	·	4.3 STRE	EET ADDRESS			
STREET ADDRESS	1 2 3		4.4 CITY	1			_
CITY-ST-ZIP		☐ DELETE	5.1 TITLE			☐ Change	☐ Addition
TITLE .	1	<u> </u>	5.2 NAM				
NAME	[EET ADDRESS	•		
STREET ADDRESS				-ST-ZIP			
CITY-ST-ZIP		☐ DELETE	6.1 TITL			Change	Addition
TILE		F) DETEIL	6.2 NAM	1		_	
NAME	1 3 3 4 5 4 5 4 5 4 5 4 5 4 5 4 5 4 5 4 5						
STREET ADDRESS	Harris Tolk			EET ADDRESS			
COTY OT 700	The second seconds		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, with all other like empowered.

SIGNATURE

IGNATURE AND TYPED OR PRINTED NAME OF SIGNAG DIFICER OR DIRECTOR

Oate Daytine Phone #