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

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

TITLE

NAME STREET ADDRESS

TITLE

NAME

TITLE NAME

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

460513

(5)

FAIR LADIES III, INC.

Principal Place of Business Mailing Address					1004th 01010 0111 06101 04101 11000 411 01011 01011 01011 01011 01011 01011			
			N. ATLANTIC AVENUE DA BEACH FL 32931					
		•			3. Date Incorporated or Qualified 09/03/1974	3a. Date	of Last Re 5/01/19	
	Place of Business	2a. Mailing Addre	Mailing Address		4. FEI Number			Applied For
21		26			59-1551352			Not Applicable
Suite, Ap 22	ot ⊭, etc.	Suite, Apt #,	etc.		5. Certificate of Status Desired			Additional Required
City & Sta	ate	City & State			Election Campaign Financing Trust Fund Contribution			0 May Be d to Fees
Ζιρ	Country	Zip	Co	untry	8. This corporation has liability for		cunder s	199.032,
24	25	29	30			□No		
	Name and Address of Curr	ent Registered Agent		81 Name	10. Name and Address of New F	Registered A	gent	
11. Pursuar or regisi	tered agent, or both, in the State of Flowith, and accept the obligations of, So	orida. Such change was ection 607.0505, Florida l	authorized by the Statutes.		ration submits this statement for the purich of directors. Thereby accept the app		nging its r	
Signature hyped or printed hank of registered upon thank the diagrams of OFFICERS AND DIRECTORS			13.		ADDITIONS/CHANGES TO OFF		DIRECTO	BS IN 12
TITLE	P	T DELI		TITLE] Change	Addit on
NAME	LEONARD, CYNTHIA E.			NAME		-	- *	
STREET ADDRESS	COOP AL ATLANTICO AMENI	UE		STREET ADDRESS				
CITY+S1-ZIP	COCOA BEACH, FL 0		1	CITY - ST - ZIP				
TITLE	V	DELI	DELETE 2		Change Addition			
NAME	BALDWIN, WILLIAM R.		22	NAME				
STREET ADDRES	s 21 YAWL DRIVE		23	STREET ADDRESS				
CITY - ST - ZIP	COCOA BEACH, FL 0		2.4	CITY - ST - ZIP				
TITLE	\$	DELI	ETE 3 1	TITLE] Change	ncitib tA
NAME	BALDWIN, MARY P.		32	NAME		•		
STREET ADDRES	s 21 YAWL DRIVE		3.3	STREET ADDRESS				
CITY - ST- ZIP	COCOA BEACH FL		3.4	C(Ty - S1 - Z)P				

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 119.07(3)(x). 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 13 if changed, or on an attachment with an address.

4 1 HILE 4.2 NAME

4.3 STREET ADDRESS

5 3 STREET ADDRESS 5 4 CITY - ST - ZIP

4.4 City - ST - 716

5 1 TITLE

5.2 NAME

6 1 TITLE

6.2 NAME 6.3 STREET ADDRESS

€ 4 CHTY - ST - ZIP

SIGNATURE: Com the Entremed NAME OF SIGNING CYNTHIA E LEONARD

DELETE

DELETE

DELETE

4/24/96 (407) 783-6410

Change

Change

Change

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☐ Addition

Addition

CR2E034 (12/95)