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FILED

Feb 17 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 664496 (7)

1. Corporation Name
NEW FAIRWAY INVESTMENTS OF FLORIDA INC.

Principal Place of Business
6700 SOUTH U.S. HIGHWAY #1
ROCKLEDGE FL 32955

Mailing Address
6700 SOUTH U.S. HIGHWAY #1
ROCKLEDGE FL 32955-5834



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

02/13/1980

3a. Date of Last Report

01/22/1996

4. FEI Number

59-2167736

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

9. Name and Address of Current Registered Agent

SOILEAU, JOHN L
1970 MICHIGAN AVENUE BUILDING C
COCOA FL 32922

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DST	<input type="checkbox"/> DELETE
NAME	PETROVICH, GORDANA	
STREET ADDRESS	6700 S. U.S. HWY #1	
CITY-ST-ZIP	ROCKLEDGE FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	RUDAN, MIKE	
STREET ADDRESS	6700 S. U.S. HWY #1	
CITY-ST-ZIP	ROCKLEDGE FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	PETROVICH, ISADOR	
STREET ADDRESS	6700 S. U.S. HWY #1	
CITY-ST-ZIP	ROCKLEDGE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Petrovich Gordana	
1.3 STREET ADDRESS	408 Montreal Way	
1.4 CITY-ST-ZIP	Rockledge, FL. 32955	
2.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Rudan Mike	
2.3 STREET ADDRESS	14710 Niagara Parkway	
2.4 CITY-ST-ZIP	Queenston, Ont. Canada L0S 1L0	
3.1 TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Petrovich Isidor	
3.3 STREET ADDRESS	408 Montreal Way	
3.4 CITY-ST-ZIP	Rockledge, FL. 32955	
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 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.

SIGNATURE:

Isidor Petrovich
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Feb. 11-97

407-259-4599

Date

Daytime Phone #

CR2E034 (9/96)