

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 23 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 745373 (1)

1. Corporation Name
F.A.I.R., INC.

Principal Place of Business
2886 FERNLEY DR., EAST. HOME BOX 94
WEST PALM BEACH FL 33415

Mailing Address
2886 FERNLEY DR., EAST. HOME BOX 94
WEST PALM BEACH FL 33402-0094



3. Date Incorporated or Qualified 12/27/1978
3a. Date of Last Report 03/18/1996

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	4. FEI Number 59-1882296 Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent MARSHALL, ALMA 5780 FERNLEY DR W #150 W. PALM BEACH FL 33415	10. Name and Address of New Registered Agent 81 Name HERMAN GLASSMAN 82 Street Address (P.O. Box Number is Not Acceptable) 5800 FERNLEY DR. W. #71 83 W. PALM BEACH 84 City 85 Zip Code FL 33415
---	---

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *HERMAN GLASSMAN* *Herman Glassman* 1/14/97
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD NAME MARSHALL, ALMA STREET ADDRESS 5780 FERNLEY DR W. #150 CITY-ST-ZIP W. PALM BEACH FL 33415	<input type="checkbox"/> DELETE	1.1 TITLE VD 1.2 NAME ALMA MARSHALL 1.3 STREET ADDRESS 5780 FERNLEY DR W #150 1.4 CITY-ST-ZIP W PALM BEACH FL 33415	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE T NAME RATNER, HAROLD STREET ADDRESS 5800 FERNLEY DR W. #71 CITY-ST-ZIP WEST PALM BEACH FL 33415	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE SD NAME GLASSMAN, HERMAN STREET ADDRESS 5800 FERNLEY DR W. #72 CITY-ST-ZIP WEST PALM BEACH FL 33415	<input type="checkbox"/> DELETE	3.1 TITLE PRESIDENT 3.2 NAME HERMAN GLASSMAN 3.3 STREET ADDRESS 5800 FERNLEY DR W #71 3.4 CITY-ST-ZIP W PALM BEACH FL 33415	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE TBM NAME COHEN, RICHARD STREET ADDRESS 5800 FERNLEY DR W. #18 CITY-ST-ZIP WEST PALM BEACH FL 33415	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE TBM NAME APPEL, LEO STREET ADDRESS 5800 FERNLEY DR W. #44 CITY-ST-ZIP WEST PALM BEACH FL 33415	<input type="checkbox"/> DELETE	5.1 TITLE SECRETARY 5.2 NAME APPEL LEO 5.3 STREET ADDRESS 5800 FERNLEY DR W #44 5.4 CITY-ST-ZIP W. PALM BEACH FL 33415	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE TBM NAME MUCKLER, ALFRED STREET ADDRESS 2886 FERNLEY DR E. #44 CITY-ST-ZIP WEST PALM BEACH FL 33415	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Herman Glassman* 1/14/97 561-969-6614
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0039808

CR2E037 (9/96)