


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

**FILED**  
**Jan 21, 1999 8:00am**  
**Secretary of State**

01-21-1999 90015 046 \*\*\*150.00



<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		 FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # F58321</b>			
1. Corporation Name <b>FAI, INC.</b>			
Principal Place of Business <b>C T CORPORATION SYSTEM</b> <b>8751 W BROWARD BLVD</b> <b>PLANTATION FL 33324</b>		Mailing Address <b>8401 CONNECTICUT AVE</b> <b>SUITE 1010</b> <b>CHEVY CHASE MD 20815</b> <b>US</b>	
2. Principal Place of Business 21		2a. Mailing Address 26	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27	
City & State 23		City & State 28	
Zip 24		Zip 25	
Country 26		Country 27	
9. Name and Address of Current Registered Agent <b>CT CORPORATION SYSTEM</b> <b>1200 S. PINE ISLAND ROAD</b> <b>PLANTATION FL 33324</b>			
10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 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	PD	<input type="checkbox"/> DELETE	
NAME	<b>MANFUSO, JOHN A JR</b>		
STREET ADDRESS	<b>550 S OCEAN BLVD</b>		
CITY-ST-ZIP	<b>MANALAPAN FL</b>		
TITLE	VD	<input type="checkbox"/> DELETE	
NAME	<b>MANFUSO, ROBERT T</b>		
STREET ADDRESS	<b>1975 MCKENDREE RD.</b>		
CITY-ST-ZIP	<b>W. FRIENDSHIP MD</b>		
TITLE	ATD	<input type="checkbox"/> DELETE	
NAME	<b>PARAS, ANN M.</b>		
STREET ADDRESS	<b>1150 LOMBARD ST</b>		
CITY-ST-ZIP	<b>SAN FRANCISCO CA</b>		
TITLE	TD	<input type="checkbox"/> DELETE	
NAME	<b>MILLER, ELIZABETH M.</b>		
STREET ADDRESS	<b>710 BEAR PAW LANE</b>		
CITY-ST-ZIP	<b>COLORADO SPRINGS CO</b>		
TITLE	SD	<input type="checkbox"/> DELETE	
NAME	<b>MORRISON, ZELMA M.</b>		
STREET ADDRESS	<b>7705 CHATHAM RD.</b>		
CITY-ST-ZIP	<b>CHEVY CHASE MD</b>		
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
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			

SIGNATURE:

*John A. Manfuso*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/99

Date

301-986-0525

Daytime Phone #

CR2E034 (1/98)