## 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 # F58321

1. Corporation Name FAI. INC. Principal Place of Business Mailing Address C T CORPORATION SYSTEM 8401 CONNECTICUT AVE 8751 W BROWARD BLVD SUITE 1010 DO NOT WRITE IN THIS SPACE CHEVY CHASE MD 20815 PLANTATION FL 33324 HS 3. Date Incorporated or Qualifed 12/14/1981 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 52-1266267 Not Applicable Suite; Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certifcate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes the current year Intangible ΠNo 24 25 29 30 Personal Property Tax. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name CT CORPORATION SYSTEM 82 Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD **PLANTATION FL 33324** 83 84 City 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) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE □ DELETE 1.1 TITLE ☐ Change ☐ Addition MANFUSO, JOHN A JR NAME 1.2 NAME 550 S OCEAN BLVD 1.3 STREET ADDRESS STREET ADDRESS MANALAPAN FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE ☐ Change ☐ Addition TITLE 2.1 TITLE MANFUSO, ROBERT T NAME 2.2 NAME 1975 MCKENDREE RD. STREET ADDRESS 2.3 STREET ADDRESS W. FRIENDSHIP MD 2. 4 CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE Change ☐ Addition TITLE ATD 3.1 TITLE PARAS, ANN M. 3.2 NAME NAME 1150 LOMBARD ST STREET ADDRESS 3.3 STREET ADDRESS SAN FRANCISCO CA CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE ☐ Change ☐ Addition TITLE 4.1 TITLE MILLER, ELIZABETH M. NAME 4. 2 NAME 710 BEAR PAW LANE 4.3 STREET ADDRESS STREET ADDRESS COLORADO SPRINGS CO CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE 5.1 TITLE ☐ Change ☐ Addition TITLE 5.2 NAME NAME MORRISON, ZELMA M. 7705 CHATHAM RD. 5.3 STREET ADDRESS STREET ADDRESS CHEVY CHASE MD 5.4 CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE 6.1 TITLE ☐ Change Addition TITLE

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.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

1/5/99 Date

301-986-0525 Davime Phone #

FILED

Jan 21, 1999 8:00am

Secretary of State

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

CR2E034 (11/98)