

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

FILED
May 21 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F92000000747 (7)
1. Corporation Name:
NATIONAL FAIRWAYS INC.

Principal Place of Business 1062 CHURCH HILL ROAD FAIRFIELD CT 06432 US	Mailing Address 1062 CHURCH HILL ROAD FAIRFIELD CT 06432 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/17/1992	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 22-3128291		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	25	29		30	
9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				10. Name and Address of New Registered Agent	

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
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) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCD BERGSCHNEIDER, MARC C	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	260 REDDING ROAD	1.2 NAME	
STREET ADDRESS	EASTON CT 06612	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VD CARPENTER, DONALD L	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	307 S. ROSCOE BLVD.	2.2 NAME	
STREET ADDRESS	PONTE VEDRA BEACH FL 32082	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	D PURCELL, JOHN R JR.	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	24 SEALANE	3.2 NAME	
STREET ADDRESS	MILTON HEAD SC 29928	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	D FENTON, DEAN	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1177 SUMMER STREET	4.2 NAME	
STREET ADDRESS	STAMFORD CT 06905	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	T MONROE, SPENCER C	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	8 DEW ROAD	5.2 NAME	
STREET ADDRESS	WINSTEAD CT 06098	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	PSD GOODRICH, GAIL C.	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	147 BYRAM SHORE ROAD	6.2 NAME	
STREET ADDRESS	GREENWICH CT	6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 supplementary 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 its authorized 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 amendment with an address.

[Signature]

4/28/98

CR2E034 (10/97)