FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 20 PM 3:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F93000002568 (4)**

1. Corporation Name
MAYFAIR BUILDING CO., INC.

Principal Place of Business	Mailing Address
6369 BROOKVIEW LN. W. BLOOMFIELD MI 48322	6369 BROOKVIEW LN. W. BLOOMFIELD MI 48322

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **05/28/1993**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business
21: 6120 ROYAL BIRKDALE DR
22: Suite, Apt. #, etc.
23: City & State: LAKE WORTH, FL
24: Zip: 33463
25: County:

2a. Mailing Address
26: 6120 ROYAL BIRKDALE DR
27: Suite, Apt. #, etc.
28: City & State: LAKE WORTH, FL
29: Zip: 33463
30: County:

4. FEI Number: **38-2583970** ☐ 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

SOFIA, SHIRLEY
8308 WATERLINE DR., #101
BOYNTON BCH. FL 33437

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 6120 ROYAL BIRKDALE DR
83
84 City: LAKE WORTH **FL** 85 Zip Code: 33463

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: Shirley Sofia — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	11 TITLE		☒ Change ☐ Addition
NAME	SOFIA, EUGENE	12 NAME		
STREET ADDRESS	8308 WATERLINE DR., #101	13 STREET ADDRESS	6120 ROYAL BIRKDALE DR	
CITY-ST-ZIP	BOYNTON BCH. FL 33437	14 CITY ST ZIP	LAKE WORTH, FL 33463	
TITLE	S	21 TITLE		☒ Change ☐ Addition
NAME	SOFIA, SHIRLEY	22 NAME		
STREET ADDRESS	8308 WATERLINE DR., #101	23 STREET ADDRESS	6120 ROYAL BIRKDALE DR	
CITY-ST-ZIP	BOYNTON BCH. FL 33437	24 CITY ST ZIP	LAKE WORTH, FL 33463	
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY-ST-ZIP		34 CITY ST ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY ST ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Shirley Sofia — 407-731-2220
SIGNATURE AND TYPE OR PRINT NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
SHIRLEY SOFIA

0447106 FP