## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Scoretary of State

DIVISION OF CORPORATIONS

1996 DOCUMENT #

1. Corporation Name F93000002568 (4)

MAYFAIR BUILDING CO., INC.

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Principal Place of Business		Mailing Adoress		i ibbitan inse sanda suur bann aann	MBrit Marce Maine tradt merin Merde idet sant
6120 ROYAL BIRKDALE DR LAKE WORTH FL 33463		6120 ROYAL BIRKDALE DR LAKE WORTH FL 33463 US			
US		03		3. Date Incorporated or Qualified 05/28/1993	3a. Date of Last Report 04/28/1995
2. Principal Pla	ce of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		38-2583970	Not Applicable
Suite, Apt. #. etc.		Suite, Apt. #, etc		5. Certificate of Status Desired	\$8.75 Additional
22		27		C Starting Compaign Engaging	Fee Required
Crty & State		City & State		<ol> <li>Election Campaign Financing         Trust Fund Contribution     </li> </ol>	\$5.00 May Be Added to Fees
23	Country	<b>28</b>	Country	8. This corporation has liability for	intangible tax under s. 199.032,
Zip <b>24</b>	25	29	30	Flonda Statutes	<b>X</b> I No
	9. Name and Address of Current	Registered Agent		10. Name and Address of New F	legistered Agent
			81 Name		
SOFIA, S	SHIRLEY		82 Street Ac	ldress (P.O. Box Number is Not Acceptat	ole)
	YAL BIRKDALE DR		83		
LAKE W	ORTH FL 33463		03		
			84 City		FL 85 Zip Gode
	507 0500	vod 607 1508. Florida Stali	ites, the above named corr	poration submits this statement for the pu	roose of changing its registered office.
or receiptors	ad agent, or both, in the State of Horula	E. Such change was addice	IZEU DY THE CO DOLATION SIN	pard of directors. Thereby accept the app	onthient as registered agent. I am
ļ	th, and accept the obligations of Section	n guzubub, niorda statut	75		
SIGNATURE _	Signature, by eator printe True 6 of regulational along 5	rational paradis	NOTE EX ESPECIAL EX SIGNATURE NO	area whomeenst dog	DATE
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OH	FICERS AND DIRECTORS IN 12  Change Addition
TITLE	P	X) DELETE	1 1 T'IL:		
NAME	SOFIA, EUGENE		1.2 NAM+		
STREET ADDRESS	6120 ROYAL BIRKDALE DR		1.3 \$1RCEL ADDRESS		
CITY-ST-ZIP	LAKE WORTH FL	[T] DELETE	1.4 C(Ty - ST - Z)F 2.1 T(T)	4.43	Change Addition
TITLE NAME	S SOFIA, SHIRLEY		22 NAN :		
STREET ADDRESS	6120 ROYAL BIRKDALE DR		23 STR ET ADDRESS		
CITY-ST-ZIP	LAKE WORTH FL		2.4 Cith - ST - ZIP		
TITLE		☐ DELETE	3 1 H E	P	Change 🔀 Addition
NAME			3 2 NAA E	SOFIA, SHIRLEY	
STREET ADDRESS			3.3 STHIEL ADDRESS	6120 ROYAL BIRKDALE	DR
CITY - ST - ZIP			3.4 CIT: -ST ZIP	LAKE WORTH FL	Change Addition
TITLE		DELETE	4 1 TIT E		
NAME			4.2 NAN E 4.3 STELLET ADDRESS		
STREET ADDRESS			4.3 STF.,ET ADDRESS		
CITY-ST-ZIP		DFLETE	5 1 III E		Change Addition
TITLE			5.2 NAME		
NAME STREET ADDRESS			5 3 STEEL ADORESS		
City-ST-ZIP			5 4 C/T = - ST - Z/F		
TITLE		DEL ETE	6 1 Ti* .£		Change Addition
NAME			6 2 NA JE		
STREET ADDRESS			6.3 STEEFT ADDRESS		
1	1		■		

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)(k). 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 trustre empower id 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: X

SIGNATURE AND TYPEO OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dayne Phore E