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 MAY -1 AM 9:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F94000002440

1. Corporation Name

FAIRVIEW FARMS FLORIDA GP, INC.

Principal Place of Business / Mailing Address

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 5-11-94
3a. Date of Last Report: N/A

2. Principal Place of Business
21 1027 S. Rainbow
Suite, Apt. #, etc.: 22 360
City & State: 23 Las Vegas, NV
Zip: 24 89128 Country: 25 Clark

2a. Mailing Address
26 1027 S. Rainbow
Suite, Apt. #, etc.: 27 360
City & State: 28 Las Vegas, NV
Zip: 29 89128 Country: 30 Clark

4. FEI Number: 49-3245357 ☐ 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 XX No

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 FL 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 _____ DATE
Signature, Typed or Printed name of registered agent and Title if applicable. NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN '2	
TITLE	P/CEO/D	11 TITLE	☐ Change ☐ Addition
NAME	Arnold R. Klann	12 NAME	
STREET ADDRESS	1027 S. Rainbow Dr, No. 360	13 STREET ADDRESS	900000147879
CITY-ST-ZIP	Las Vegas, NV 89128	14 CITY-ST-ZIP	-05/05/95--01009--024
			****200.00 ****200.00
TITLE	V/D	21 TITLE	☐ Change ☐ Addition
NAME	Leslie C. Confair	22 NAME	
STREET ADDRESS	1027 S. Rainbow Dr., No. 360	23 STREET ADDRESS	
CITY-ST-ZIP	Las Vegas, NV 89128	24 CITY-ST-ZIP	
TITLE	S	31 TITLE	☐ Change ☐ Addition
NAME	Davis G. Reese	32 NAME	
STREET ADDRESS	1027 S. Rainbow Dr., No. 360	33 STREET ADDRESS	
CITY-ST-ZIP	Las Vegas, NV 89128	34 CITY-ST-ZIP	
TITLE	T	41 TITLE	☐ Change ☐ Addition
NAME	Jack D. Strube	42 NAME	5/1/95 MS
STREET ADDRESS	1027 S. Rainbow Dr., No. 360	43 STREET ADDRESS	
CITY-ST-ZIP	Las Vegas, NV 89128	44 CITY-ST-ZIP	
TITLE	V	51 TITLE	☐ Change ☐ Addition
NAME	J. Russell Miller	52 NAME	
STREET ADDRESS	1027 S. Rainbow Dr., No. 360	53 STREET ADDRESS	
CITY-ST-ZIP	Las Vegas, NV 89128	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: _____ Davis G. Reese 04-28-95 (800) 772-5146
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ORIGINAL