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Feb 14 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F95000002598 (9)

1. Corporation Name
FLORIDA FAIRWAYS, INC.



Principal Place of Business
40 WESTMINSTER STREET
PROVIDENCE RI 02903

Mailing Address
40 WESTMINSTER STREET
PROVIDENCE RI 02903-3525

3. Date Incorporated or Qualified 05/30/1995	3a. Date of Last Report 02/08/1996
4. FEI Number 52-1933598	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301	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
	FL

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUMPHREY, O.L.	1.2 NAME	
STREET ADDRESS	40 WESTMINSTER STREET	1.3 STREET ADDRESS	
CITY - ST - ZIP	PROVIDENCE RI 02903	1.4 CITY - ST - ZIP	
TITLE	V	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MUNOZ, RAMON J	2.2 NAME	
STREET ADDRESS	40 WESTMINSTER STREET	2.3 STREET ADDRESS	
CITY - ST - ZIP	PROVIDENCE RI 02903	2.4 CITY - ST - ZIP	
TITLE	V	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POLINI, WILLIAM C	3.2 NAME	
STREET ADDRESS	40 WESTMINSTER STREET	3.3 STREET ADDRESS	
CITY - ST - ZIP	PROVIDENCE RI 02903	3.4 CITY - ST - ZIP	
TITLE	AV	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUTERA, ANGELO M	4.2 NAME	
STREET ADDRESS	40 WESTMINSTER STREET	4.3 STREET ADDRESS	
CITY - ST - ZIP	PROVIDENCE RI 02903	4.4 CITY - ST - ZIP	
TITLE	S	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PERKINS, ELIZABETH C	5.2 NAME	
STREET ADDRESS	40 WESTMINSTER STREET	5.3 STREET ADDRESS	
CITY - ST - ZIP	PROVIDENCE RI 02903	5.4 CITY - ST - ZIP	
TITLE	AS	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRANKEL, DANIEL M	6.2 NAME	
STREET ADDRESS	40 WESTMINSTER STREET	6.3 STREET ADDRESS	
CITY - ST - ZIP	PROVIDENCE RI 02903	6.4 CITY - ST - ZIP	

14. I do 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.

SIGNATURE: _____ 1/17/97 (401) 621-4244
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)