

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

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Mar 23, 1999 8:00 am
Secretary of State

03-23-1999 90040 045 ***150.00



PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F97000006247

1. Corporation Name
FAIRWAY INC. OF DELAWARE

Principal Place of Business BOX 2463, STATION "B" RICHMOND HILL, ONTARIO CANADA L4B 1A5 LHE 1-5 US L4E1A5	Mailing Address BOX 2463, STATION "B" RICHMOND HILL, ONTARIO CANADA L4B 1A5 L4E 1-5 US L4E1A5
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	3. Date Incorporated or Qualified 11/25/1997	4. FEI Number 51-0318267 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 owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No
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9. Name and Address of Current Registered Agent CRONACHER, ROY CRONACHER DEVELOPMENT CORP. 2460 GOLDEN GATE PARKWAY SUITE 304 NAPLES FL 34105	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
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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	PD ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	NEEDLER, BARRY L	1.2 NAME	
STREET ADDRESS	FOXGATE, 1011 19TH SIDE ROAD, KING CITY	1.3 STREET ADDRESS	
CITY-ST-ZIP	ONTARIO, CANADA L7B 1K5	1.4 CITY-ST-ZIP	
TITLE	V ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	NEEDLER, LOUISE	2.2 NAME	
STREET ADDRESS	FOXGATE, 1011 19TH SIDE ROAD, KING CITY	2.3 STREET ADDRESS	
CITY-ST-ZIP	ONTARIO, CANADA L7B 1K5	2.4 CITY-ST-ZIP	
TITLE	S ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	MACDONALD, JOHN W	3.2 NAME	
STREET ADDRESS	27 RIVERCREST ROAD, TORONTO, ONTARIO	3.3 STREET ADDRESS	
CITY-ST-ZIP	CANADA M6S 4H4	3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		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 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, with all other like empowered.

SIGNATURE:

508 **NEEDLER**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
PRESIDENT

MAR. 06/99 **905-841-8900**
Date Daytime Phone #

CR2E034 (1/1/98)