

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

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Mar 05, 1999 8:00 am
Secretary of State

03-05-1999 90025 022 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # F98000007151

1. Corporation Name
FAIRCALL CORPORATION



DO NOT WRITE IN THIS SPACE

Principal Place of Business
 40 NE 7TH AVE. 3RD FL
 DELRAY BEACH FL 33483

Mailing Address
 40 NE 7TH AVE. 3RD FL
 DELRAY BEACH FL 33483

3. Date Incorporated or Qualified
12/31/1998

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

4. FEI Number
52-1873855

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Election Campaign Financing - **\$5.00** May Be Added to Fees

Trust Fund Contribution

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ELLERSTEIN, DAVID
 40 NE 7TH AVE, 3RD FL
 DELRAY BEACH FL 33483

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 _____ 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 12	
TITLE	CP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELLERSTEIN, DAVID N	1.2 NAME	
STREET ADDRESS	40 NE 7TH AVE, 3RD FL	1.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL 33483	1.4 CITY-ST-ZIP	
TITLE	VCV	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TURNER, ANTHONY S	2.2 NAME	
STREET ADDRESS	40 NE 7TH AVE, 3RD FL	2.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL 33483	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILES, FREDERICK B	3.2 NAME	
STREET ADDRESS	3118 S. HWY 14	3.3 STREET ADDRESS	
CITY-ST-ZIP	GREENVILLE SC 29615	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRAY, CARROLL	4.2 NAME	
STREET ADDRESS	133 DEFENSE HWY, SUITE 201	4.3 STREET ADDRESS	
CITY-ST-ZIP	ANNAPOLIS MD 21401	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/99 **410-975-9280**
Date Daytime Phone #

CR2E034 (11/98)