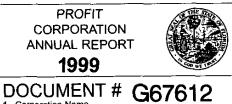
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

May 10, 1999 8:00 am Secretary of State

05-10-1999 90066 046 ***150.00

1. Corporation FAIRFIEI	LD ENGINEERING & MANU						
Principal Plac	e of Business	Mailing Address				J OLDIK BLEM BIBIN 1	HER BEGER FEET
Principal Place of Business Mailing Address WOLCOTT, ELEANOR, V. WOLCOTT, ELEANOR, V.							
735 STARBOARD DRIVE 735 STARBOARD DRIVE					DO NOT WOITE IN TURN COACE		
VERO BEACH FL 32963 US VERO BEACH FL 32963 US					DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified		
US		03			11/03/1983		1
2. Principal Place of Business 2a.		2a. Mailing Address	Mailing Address		4. FEI Number	Ap	plied For
21	26				59-2360070	No	t Applicable
		Suite, Apt. #, etc.	etc.		5. Certificate of Status Desired	\$8.75	ſ
27					V. Octahodio di Ottolia Della di	Fee Re	
City & State		City & State	City & State		6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be		
23	Country	Zip	Countr	y	8. This corporation owes the current year	 Intangible	
24	25 29		30		Personal Property Tax.	Yes	□No
	9. Name and Address of Currer	nt Registered Agent			10. Name and Address of New Registere	d Agent	
	COTT FIELDORY		8	Name			
WOLCOTT, ELEANOR V. 735 STARBORAD DRIVE VERO BEACH FL 32963			82	Street Ad	dress (P.O. Box Number is Not Acceptable)		
			83	3			
			84	City		. 85 Zip (Code
					<u>F</u>	L	
office or r	to the provisions of Sections 607.050 registered agent, or both, in the State am familiar with, and accept the obligations are sections.	of Florida, Such change was aut	thonzed b	v the corpora	rporation submits this statement for the purpose tion's board of directors. I hereby accept the app	ointment as re	gistered
SIGNATURE	Signature, typed or printed name of registered age	int and title if applicable. (NOTE: F	Registered Age	ent signature requ	ired when reinstating) DATE		
12.	OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS		
TITLE	PSTD	DELETE 1.1				Change	☐ Addition
NAME	WOLCOTT, ELEANOR V		1.2 NAME	ĺ			
STREET ADDRESS			1.3 STRE	ET ADDRESS			
CITY-ST-ZIP	VERO BEACH, FL 00000			ST-ZIP		Change	Addition
TITLE	}	☐ DELETE	2.1 TITLE	- 1		☐ Change	[] Addison
NAME		221		1			
STREET ADDRESS	DDRESS		2.3 STREET ADDRESS				
CITY-ST-ZIP			2.4 CITY- 3.1 TITLE			Change	☐ Addition
TITLE		- DECEME	3.2 NAME			~ v	
NAME STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP			3.4. CITY	1			
TITLE		☐ DELETE 4.1 T				Change	☐ Addition
NAME			4. 2 NAM	<u> </u>			
STREET ADDRESS			4.3 STRE	ET ADDRESS			
CITY-ST-ZIP	1		4.4 CITY-	ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE			☐ Change	☐ Addition
NAME			5.2 NAME				
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP	1 <u> </u>		54 CITY-				Addition to
TITLE		☐ DELETE	6.1 TITLE			Change	Addition
NAME			62 NAME				
STREET ADDRESS	:		6.3 STRE	ET ADDRESS			

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 changes, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CR2E034 (11/98)