COR ANNU	PROFIT PORATION JAL REPORT 1996		AIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State /ISION OF CORPORATIONS		
DOCUN	MENT # G75	410	(2)		
	N MAYFAIR, INC.				
Puncipal Place % GEORGE /		Mailing Addre % GEORGE			
1550 RINGLIN SARASOTA F	IG BLVD	1550 RINGLI SARASOTA	ING BLVD	3. Date Incorporated or Qualified	3a. Date of Last Report
2. Principal Pla	ice of Business	2a. Mailing Ad	dress	12/15/1983 4. FEI Number	02/03/1995 Applied For
21	+ otc	26	t etc	59-2348640	Not Applicable
Suite, Apt. 4	<i>a</i> , etc.	Suite, Apt. 27	. #, өс.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State 23		City & Stat 28	te	6. Election Campaign Financing Trust Fund Contribution	Added to Fees
210 24	Country 25	Ζιρ 29	Country 30	8. This corporation has liability for Florida Statutes	intangible tax under s 199.032,
	9. Name and Address of C	Current Registered Ager		10. Name and Address of New F	legistered Agent
dietz. G	Eorge A.			Hunner ID O. Roy Number in Not Accepted	
1550 RIN	IGLING BLVD			ddress (P.O. Box Number is Not Acceptal	
SARASO	TA FL 34236		83		
			84 City		FL ⁸⁵ Zip Code
or register	ed agent, or both, in the State o	of Florida. Such change wa	as authorized by the corooration's b	poration submits this statement for the pu board of directors. I hereby accept the app	pose of changing its registered office ointment as registered agent. I am
familiar wit SIGNATURE	h, and accept the obligations of	1, Section 607.0505, Florid	da Statutes		
	Signature, typed or printed name of registers OF FLOE F	ed agent and fitte it applicable RS AND DIRECTORS	(NOTE: Registered Agrint signature rec 13.	aured when reinstating) ADDITIONS/CHANGES TO OFF	
TIALE	DP	· · · · · · · · · · · · · · · · · · ·	ELETE 1 HTITLE		ICERS AND DIRECTORS IN 12
NAM:	HORN, DUNCAN ROOFF HOUSE COOK'S	¢ DD	1.2 NAME		2
STREET ADORESS CITY - ST-ZIP	LONDON E15 2PN ENG		1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		
14UF	DVST		ELETE 2 1 TITLE	······································	Change 🔲 Addition
NAMi	HORN, A A	0.00	2 2 NAME		
STREET ADDRESS	ROOFF HOUSE COOK'S		2.3 STREET ADDRESS		
QUVEST-ZIE TULE			2 4 CITY - ST-ZIP DELETE 3 1 TILLE		Change Addilion
NAME			3 2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY - ST - ZIP TITLE	· · · · · · · ·	aU	34 CITY-ST-ZIP ELETE 4 1 TITLE		Change 🗂 Addilion
NAME			4 2 NAME		_
STREET ADORESS			4 3 STREEF ADDRESS		
COY-ST ZIP TIFLE			44 CITY - ST - ZIP DELETE 5 1 TITLE		Change Addition
NAME		<u> </u>	5.2 NAME		
STREET ADDRESS			5 3 STREFT ADDRESS		
CITY - ST - ZIP			54 CITY - ST-ZIP		
TITLE NAME		ĹJV	ELETE 6 1 TITLE 62 NAME		Change Addition
STREET ADDRESS			6 3 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		
certify that	the information indicated on this	is annual report or suppler	mental annual report is true and acc	ify for the exemption stated in Section 119 curate and that my signature shall have the this report as required by Chapter 607, Fi	same legal effect as if made under
oath; that	Dia strate and an Discontration of the		المعادية والمتحد والمتح	, , , , ,	
oath; that appears in	Block 12 or Block 13 if change	ed, or on an attachment w	ith an address. D. J. HORN	25 Jan 19	