FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **K88992** **(8)**

1. Corporation Name

FAIRCHILD MOSS, INC.

Principal Place of Business	Mailing Address
1620 S.FEDERAL HWY. STE 970 POMPANO BEACH FL 33062	1620 S.FEDERAL HWY. STE 970 POMPANO BEACH FL 33062

3. Date Incorporated or Qualified: **05/17/1989**

3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business	2a. Mailing Address
21 1600 S. FEDERAL HWY	26 1600 S. FEDERAL HWY
Suite, Apt. #, etc. 22 SUITE 970	Suite, Apt. #, etc. 27 SUITE 970
City & State 23 POMPANO BEACH, FL	City & State 28 POMPANO BEACH, FL
Zip 24 33062 — Country 25 U.S.A	Zip 29 33062 — Country 30 U.S.A.

4. FEI Number: **65-0124468** — 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

HAAS, J. RICHARD
1620 S. FEDERAL HWY
SUITE 970
POMPANO BEACH FL 33062

10. Name and Address of New Registered Agent

81 Name: HAAS, J. RICHARD
82 Street Address (P.O. Box Number is Not Acceptable): 1600 S. FEDERAL HWY
83 SUITE 970
84 City: POMPANO BEACH **FL** 85 Zip Code: 33062

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPTS	☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	HAAS, J. RICHARD		12 NAME	
STREET ADDRESS	1620 S FEDERAL HWY, #970		13 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL		14 CITY-ST-ZIP	
TITLE		☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME			22 NAME	
STREET ADDRESS			23 STREET ADDRESS	
CITY-ST-ZIP			24 CITY-ST-ZIP	
TITLE		☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME			32 NAME	
STREET ADDRESS			33 STREET ADDRESS	
CITY-ST-ZIP			34 CITY-ST-ZIP	
TITLE		☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME			42 NAME	
STREET ADDRESS			43 STREET ADDRESS	
CITY-ST-ZIP			44 CITY-ST-ZIP	
TITLE		☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME			52 NAME	
STREET ADDRESS			53 STREET ADDRESS	
CITY-ST-ZIP			54 CITY-ST-ZIP	
TITLE		☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME			62 NAME	
STREET ADDRESS			63 STREET ADDRESS	
CITY-ST-ZIP			64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this form is voluntarily furnished and 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 added on an attachment with an address.

SIGNATURE: J. Richard Haas — 3-26-96 — 954-783-0606

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

J. RICHARD HAAS

CR2E034 (12/95)