


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

FILED

May 08 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **L73170** (7)
1. Corporation Name
FAIRCO FINANCE, INC.



Principal Place of Business 700 E. SUNRISE BLVD. STE. B FT. LAUDERDALE FL 33304 US	Mailing Address 700 E. SUNRISE BLVD. STE. B FT. LAUDERDALE FL 33304-2710 US
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3. Date Incorporated or Qualified 05/11/1990	3a. Date of Last Report 04/02/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	4. FEI Number 65-0191724 Applied For Not Applicable	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent NELSON, DAVID R 700 E. SUNRISE BLVD. STE. B FT. LAUDERDALE FL 33304	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 *W. Clay King* **W. Clay King Pres.** **4-29-97**
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	NAME	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STREET ADDRESS	1.2 NAME	
STREET ADDRESS	CITY-ST-ZIP	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	NAME	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STREET ADDRESS	2.2 NAME	
STREET ADDRESS	CITY-ST-ZIP	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	NAME	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STREET ADDRESS	3.2 NAME	
STREET ADDRESS	CITY-ST-ZIP	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	NAME	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STREET ADDRESS	4.2 NAME	<i>V.S. Gonzalez & Frank G.</i>
STREET ADDRESS	CITY-ST-ZIP	4.3 STREET ADDRESS	<i>700-900 E. Sunrise Blvd.</i>
CITY-ST-ZIP		4.4 CITY-ST-ZIP	<i>FT. Lauderdale, FL 33304</i>
TITLE	NAME	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STREET ADDRESS	5.2 NAME	
STREET ADDRESS	CITY-ST-ZIP	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	NAME	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STREET ADDRESS	6.2 NAME	<i>Gale, Jeffrey M.</i>
STREET ADDRESS	CITY-ST-ZIP	6.3 STREET ADDRESS	<i>700-900 E. Sunrise Blvd.</i>
CITY-ST-ZIP		6.4 CITY-ST-ZIP	<i>FT. Lauderdale, FL 33304</i>

14. I do 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.

SIGNATURE: *J. C. Gonzalez* **J. C. Gonzalez** **4-29-97** **(954) 260-6392**
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)