

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

FILED  
May 13 1998 8:00am  
Secretary of State

DOCUMENT # **L73170** (7)  
1. Corporation Name  
**FAIRCO FINANCE, INC.**



Principal Place of Business Mailing Address  
**700 E. SUNRISE BLVD.**  
**STE. B**  
**FT. LAUDERDALE FL 33304**  
**US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		05/11/1990	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		65-0191724	
24 Country		30 Country		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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>NELSON, DAVID R</b> <b>700 E. SUNRISE BLVD.</b> <b>STE. B</b> <b>FT. LAUDERDALE FL 33304</b>				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City <b>FL</b> 85 Zip Code			

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

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	DP	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KING, LOUIS W.			1.2 NAME			
STREET ADDRESS	700 E. SUNRISE BLVD., STE. B			1.3 STREET ADDRESS			
CITY - ST - ZIP	FT. LAUDERDALE FL			1.4 CITY - ST - ZIP			
TITLE	DV	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	APPLEBY, A EDWARD			2.2 NAME			
STREET ADDRESS	700 E. SUNRISE BLVD., STE. B			2.3 STREET ADDRESS			
CITY - ST - ZIP	FT. LAUDERDALE FL			2.4 CITY - ST - ZIP			
TITLE	DV	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	NELSON, DAVID R			3.2 NAME			
STREET ADDRESS	700 E. SUNRISE BLVD., STE. B			3.3 STREET ADDRESS			
CITY - ST - ZIP	FT. LAUDERDALE FL			3.4 CITY - ST - ZIP			
TITLE	VS	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	GONZALEZ, FRANK			4.2 NAME			
STREET ADDRESS	700 E. SUNRISE BLVD., STE. B			4.3 STREET ADDRESS			
CITY - ST - ZIP	FT. LAUDERDALE FL			4.4 CITY - ST - ZIP			
TITLE	TV	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FRANCIS, KIRK J			5.2 NAME			
STREET ADDRESS	700 E. SUNRISE BLVD., STE. B			5.3 STREET ADDRESS			
CITY - ST - ZIP	FT. LAUDERDALE FL			5.4 CITY - ST - ZIP			
TITLE	DV	<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CLAY KING			6.2 NAME			
STREET ADDRESS	700 E. SUNRISE BLVD., STE. B			6.3 STREET ADDRESS			
CITY - ST - ZIP	FT. LAUDERDALE FL			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.

SIGNATURE:

*JEFFREY M. GALE VP/SEC. 4/25/98 (914) 527-3713*

CR2E034 (10/97)