

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 # **L93422** (8)

1. Corporation Name

FAIRWAY SOUTH CARROLLWOOD, INC.



Principal Place of Business

**%RUDNICK & WOLFE
101 E. KENNEDY BLVD., STE. 2000
TAMPA FL 33602**

Mailing Address

**%RUDNICK & WOLFE
101 E. KENNEDY BLVD., STE. 2000
TAMPA FL 33602**

3. Date Incorporated or Qualified

08/13/1990

3a. Date of Last Report

02/14/1995

2. Principal Place of Business

2a. Mailing Address

21 3802 S. Westshore Blvd

26 3802 S. Westshore Blvd

4. FEI Number

59-3021917

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

22. Suite, Apt. #, etc.

27. Suite, Apt. #, etc.

23. City & State

28. City & State

23 TAMPA FL

28 TAMPA FL

24. Zip

25. Country

29. Zip

30. Country

24 33611

25 USA

29 33601

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MILLER, MARK E.
%RUDNICK & WOLFE
101 E. KENNEDY BLVD., STE. 2000
TAMPA FL 33602**

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL

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 of person submitting this report (must be a shareholder or officer)

(NOTE: Registered Agent's signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

**11.1 TITLE
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12. NAME
13. STREET ADDRESS
14. CITY-STATE-ZIP
DPT
ZARITSKY, STEVEN R.
4924 ANDROS DRIVE
TAMPA FL**

☐ DELETE

**11.1 TITLE
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13. STREET ADDRESS
14. CITY-STATE-ZIP
DVS
MILLER, MARK E.
101 E. KENNEDY BLVD.
TAMPA FL**

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

**11.1 TITLE
12. NAME
13. STREET ADDRESS
14. CITY-STATE-ZIP**

**2.1 TITLE
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**35.1 TITLE
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35.3 STREET ADDRESS
35.4 CITY-STATE-ZIP**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)