


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

FILED

Feb 18 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 # **L93422** (8)

1. Corporation Name
FAIRWAY SOUTH CARROLLWOOD, INC.

Principal Place of Business 3802 S WESTSHORE BLVD. 101 E KENNEDY BLVD., STE. 2000 TAMPA FL 33611 US	Mailing Address 3802 S WESTSHORE BLVD 101 E KENNEDY BLVD., STE. 2000 TAMPA FL 33611-1002 US
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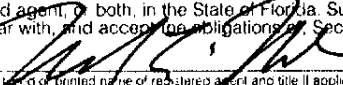
2. Principal Place of Business 21 3802 S. Westshore Blvd. Suite, Apt. #, etc. 22 City & State 23 Tampa, FL Zip 24 33611 Country 25 USA	2a. Mailing Address 26 3802 S. Westshore Blvd. Suite, Apt. #, etc. 27 City & State 28 Tampa, FL Zip 29 33611 Country 30 USA
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3. Date Incorporated or Qualified 08/13/1990	3a. Date of Last Report 02/13/1996
4. FEI Number 59-3021917	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**MILLER, MARK E.
%RUDNICK & WOLFE
101 E. KENNEDY BLVD., STE. 2000
TAMPA FL 33602**

10. Name and Address of New Registered Agent
81 Name Miller, Mark E.
82 Street Address (P.O. Box Number is Not Acceptable) 3802 S. Westshore Blvd.
83
84 City Tampa FL 85 Zip Code 33611

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, 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 **1/23/97**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE DPT	<input type="checkbox"/> DELETE
NAME ZARITSKY, STEVEN R.	
STREET ADDRESS 4924 ANDROS DRIVE	
CITY-ST-ZIP TAMPA FL	
TITLE DVS	<input type="checkbox"/> DELETE
NAME MILLER, MARK E.	
STREET ADDRESS 101 E. KENNEDY BLVD.	
CITY-ST-ZIP TAMPA FL	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Miller, Mark
2.3 STREET ADDRESS	3802 S. Westshore Blvd.
2.4 CITY-ST-ZIP	Tampa, FL 33611
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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:  DATE **1/23/97** (P13) 839.7500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)