SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 29 AM 8:18

DOCUMENT # **L99238** **(2)**

1. Corporation Name
FAIRMAN & HAMMAN, INC.

Principal Place of Business	Mailing Address
1911 N.W. 32ND STREET POMPANO BEACH FL 33064	1911 N.W. 32ND STREET POMPANO BEACH FL 33064

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/07/1990
3a. Date of Last Report: 04/27/1994

2. Principal Place of Business
21 2301 NW. 33RD COURT
22 Suite, Apt. #, etc.
23 City & State: POMPANO BEACH, FLORIDA
24 Zip: 33069
25 Country: BROWARD

2a. Mailing Address
26 2301 NW. 33RD COURT
27 Suite, Apt. #, etc.
28 City & State: POMPANO BEACH, FLORIDA
29 Zip: 33069
30 Country: BROWARD

4. FEI Number: 65-0215044 ☐ 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

ROLNICK, HERBERT H., ESQUIRE
6800 W. COMMERCIAL BLVD.
SUITE 5
FT. LAUDERDALE FL 33319

10. Name and Address of New Registered Agent

81 Name: WILLIAM S. ISENBERG
82 Street Address (P.O. Box Number is Not Acceptable): 315 SE. 7TH STREET
83 SUITE 301
84 City: FORT LAUDERDALE, 85 FL Zip Code: 33301

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: William S. Isenberg 6/16/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	11 TITLE	P T	☒ Change ☐ Addition
NAME	FAIRMAN, HERBERT	12 NAME	FAIRMAN, HERBERT	
STREET ADDRESS	1911 N.W. 32ND STREET	13 STREET ADDRESS	2301 NW. 33RD COURT	
CITY-ST-ZIP	POMPANO BEACH FL	14 CITY-ST-ZIP	POMPANO BEACH, FLORIDA 33069	
TITLE	S	21 TITLE	VP S	☒ Change ☐ Addition
NAME	HAMMANN, WALTER	22 NAME	HAMMANN, WALTER G. JR.	
STREET ADDRESS	1911 N.W. 32ND STREET	23 STREET ADDRESS	2301 NW. 33RD COURT	
CITY-ST-ZIP	POMPANO BEACH FL	24 CITY-ST-ZIP	POMPANO BEACH, FLORIDA 33069	
TITLE	VPT	31 TITLE		☐ Change ☐ Addition
NAME	NIEVCHOWICZ, MICHAEL	32 NAME		
STREET ADDRESS	1911 NW 32ND ST.	33 STREET ADDRESS		
CITY-ST-ZIP	POMPANO BCH FL	34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

CR2E034 (3/95)

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)(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: WALTER G HAMMANN, SR. 6-24-95 305-979-7900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0027880 CF