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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M66422

(0)

FAIRWAY OAKS COMMERCIAL INVESTMENTS, INC.

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Principal Place of Business Mailing Address				4 samilians sta quest mestr diden vinta nint kinds dints dints dints bille killi dints		
6709 RIDGE ROAD		6709 RIDGE ROAD				
SUITE 200 PORT RICHEY FL 34868		SUITE 200 PORT RICHEY FL 34668-6883				
US HIGHE	1 FL 94000	US	03	Date Incorporated or Qualified	3a. Date of Last Report	
		•		01/29/1988	05/01/1996	
2. Principal	Place of Business	2a. Mailing Address		4. FEI Number	Applied For	
21		26		59-2868782	Not Applicable	
Suite, Ap	t.#, elc	Suite, Apt. #, etc.			60 75	
22		27		5. Certificate of Status Desired	Fee Required	
City & State		City & State	**************************************	6. Election Campaign Financing	\$5.00 May Be	
[23]		28	28		Trust Fund Contribution Added to Fees	
Zip	Country	Zip	Country	8. This corporation has liability for in	ntangible tax under s. 199.032,	
24	25	29	30	Florida Statutes	Yes No	
	g, Name and Address of Curr	ent Registered Agent		10, Name and Address of New Reg	jistered Agent	
NA.	GELKERK, THOMAS		81 Name	PAUL NORTON		
	09 RIDGE RD.		82 Street Add	ress (P.O. Box Number is No Acceptable	le)	
SUITE 200			(O	709 Ridge Ka, 5	JUITE 200	
PO	RT RICHEY FL 34668		83			
			84 City /		DE 7 Tip (Carles and	
			YOR	ET KICHEY	FL * 3/668	
11. Pursuar	nt to the provisions of Sections 607.0	502 and 607.1508. Florida Statut	es, the above-named corr	poration submits this statement for the pution's board of directors. I hereby accept	rpose of changing its registered	
agent I	am familiar with, and	ie Priorida Such change was a light tions of, Section 607:0505, Flo	orida Statutes.	lion's board or directors, I hereby accept	t the appointment as registered	
SIGNATURE						
	Stigr ature, typed or learth o name of registered a		E. Registered Agent signature requir		DATE	
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICE		
TiTLE	PD	∐ DELETE	: 1.1 TITLE		☐ Change ☐ Addition	
NAME	HUDSON, JOHN E.		1.2 NAME			
STREET AUDRESS			1.3 STREET ADDRESS			
CITY-ST 7/P	PORT RICHEY FL	·····	1.4 CITY - ST - ZIP			
TILE	ST	☐ DELETE	2.1 TITLE		Change Addition	
NAME	SILVA, SUSAN		2.2 NAME			
STREET ADORESS			2.3 STREFT ADDRESS			
CITY-ST-7IP	PORT RICHEY FL		2 4 CITY-ST-ZIP			
TITLE	VPD	☐ DEFELE	3 1 TITLE		Change Addition	
NAME	MINIERI, CARL		32 NAME			
STREET ADDRESS			3 3 STREET ADDRESS			
CITY-SI-ZiF	CLEARWATER FL	T	3 4. CITY-ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE		Change Addition	
NAME.			4. 2 NAME			
STREET ADDRESS	·]		4.3 STREET ADDRESS			
CITY-SI-ZIF			4.4 CITY - ST - ZIP	4	· · · · · · · · · · · · · · · · · · ·	
TOLE	1	DELETE	5 1 TITLE		☐ Change ☐ Addition	
NAME			5 2 NAME			
STREET ADDRESS	3		5.3 STREET ADDRESS			
City+St-ZiP			5 4 CITY-ST-ZIP			
TITLE		☐ DEFELE	61 TITLE		☐ Change ☐ Addition	
NAME	i		6.2 NAME			
STREET ADORESS	5		6.3 STREET ADDRESS			
OUT 2 91 300	1		0.4.0070 07 700		i 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

SIGNATURE:

appears in Block 12 or Block 13 if change

IGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

prion an attachment with an address.

2-18-97

813-848-7412

FILED

Feb 28 1997 8:00am

Secretary of State

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