


**FILED**  
**May 01, 1999 8:00 am**  
**Secretary of State**

05-01-1999 90002 028 \*\*\*150.00

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>	
<b>DOCUMENT # M66422</b> 1. Corporation Name <b>FAIRWAY OAKS COMMERCIAL INVESTMENTS, INC.</b>			
Principal Place of Business <b>6709 RIDGE ROAD</b> <b>SUITE 200</b> <b>PORT RICHEY FL 34668</b> <b>US</b>		Mailing Address <b>6709 RIDGE ROAD</b> <b>SUITE 200</b> <b>PORT RICHEY FL 34668</b> <b>US</b>	
2. Principal Place of Business 21 <b>2739 U.S. HWY. 19</b> Suite, Apt. #, etc. 22 <b>SUITE 201</b> City & State 23 <b>HOLIDAY FL</b> Zip Country 24 <b>34691</b> 25 <b>USA</b>		2a. Mailing Address 26 <b>P.O. Box 2108</b> Suite, Apt. #, etc. 27 City & State 28 <b>ELFERS FL</b> Zip Country 29 <b>34680-2108</b> 30 <b>USA</b>	
3. Date Incorporated or Qualified <b>01/29/1988</b>		4. FEI Number <b>59-2868782</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		6. Election Campaign Financing - Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
7. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No		DO NOT WRITE IN THIS SPACE	
8. Name and Address of Current Registered Agent <b>NORTON, DAVID</b> <b>6709 RIDGE RD.</b> <b>SUITE 200</b> <b>PORT RICHEY FL 34668</b>		10. Name and Address of New Registered Agent 81 Name <b>JOHN E. HUDSON</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>2739 U.S. HWY. 19, SUITE 201</b> 83 84 City <b>HOLIDAY</b> <b>FL</b> 85 Zip Code <b>34691</b>	
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 607.0605, Florida Statutes.			
SIGNATURE <i>[Signature]</i> (NOTE: Registered Agent signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PO</b> <input type="checkbox"/> DELETE NAME <b>HUDSON, JOHN E.</b> STREET ADDRESS <b>6709 RIDGE RD. STE. 200</b> CITY-ST-ZIP <b>PORT RICHEY FL</b>	1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS <b>2739 U.S. HWY 19, SUITE 201</b> 1.4 CITY-ST-ZIP <b>HOLIDAY, FL 34691</b>	2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS <b>2739 U.S. HWY 19, SUITE 201</b> 2.4 CITY-ST-ZIP <b>HOLIDAY, FL 34691</b>	
TITLE <b>ST</b> <input type="checkbox"/> DELETE NAME <b>SILVA, SUSAN</b> STREET ADDRESS <b>6709 RIDGE RD. STE. 200</b> CITY-ST-ZIP <b>PORT RICHEY FL</b>	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE <b>VPD</b> <input type="checkbox"/> DELETE NAME <b>MINIERI, CARL</b> STREET ADDRESS <b>29656 US-19 NO. STE-100</b> CITY-ST-ZIP <b>CLEARWATER FL</b>	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 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	
TITLE NAME STREET ADDRESS 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	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS 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	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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*[Signature]* **4-26-99** (727) 943-0138  
 Date Daytime Phone #

CR2E034 (11/98)