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

PROFIT
CORPORATION
ANNUAL REPORT
1998

DOCUMENT #
1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

JMENT # **P20286**

(1)

FILED	
Jan 21 1998 8:00an	n
Secretary of State	,

FAIRVI	EW INDUSTRIES, INC.				
				I JAANJARI JIA HIBI ARIYA HAAN AANA ANN ANN AN	.
Principal Plac	on of Business	Mailing Address			
· '		4.	u n	· ·	
2500 W LAKE MARY BLVD 2500 W. LAKE MARY BLVD SUITE 101 SUITE 101		VU			
LAKE MARY FL 32746-3501		LAKE MARY FL 32746-35	01	DO NOT WRITE IN THIS SPACE	
US		U\$		3. Date Incorporated or Qualified	
				08/01/1988	
	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		62-0944149	Not Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & State	6	[27]			Fee Required
23	e	City & State		6. Election Campaign Financing	\$5.00 May Be
Zip	Country	28	Country	1rust Fund Contribution	Added to Fees
24	25	i i i	⊢ ´	8. This corporation owes or has paid the	current year Intangible Yes X No
	9, Name and Address of Curren	I Registered Agent	[30]	Personal Property Tax due June 30. 10. Name and Address of New Registers	
WA	ALTHER, AILEEN D PALLISTE		81 Name		
250	00 W LAKE MARY BLVD 101	-K			
	KE MARY FL 32746		82 Street Addr	ess (P.O. Box Number is Not Acceptable)	
	NE WATT TE SELVE		83		
			84 City	-	85 Zip Code
11. Pursuant	to the provisions of Sections 607.050	2 and 607 1508, Florida Statute	es, the above-named corp	oration submits this statement for the purpose	of changing its registered
l office or re	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was a	uthorized by the corporati	ion's board of directors. Thereby accept the a	appointment as registered
	as taismar with, and accept the obliga	mona di, aschon domicolo, mo	nicia otalules.		
SIGNATURE	Signature, typical or printed name of trigo teriod ago-	stand fire if applicable (NO?E	Fit gistered Agent signature require	ed which reinstating) DATE	
12.	OFFICERS AND) DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	PD	□ DELETE	11 TOLE		Change Addition
NAME	WALTHER, PATRICK		1.2 NAME		
STREET ADDRESS	2500 W. LAKE MARY BLVD.,	# 101	1.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE MARY FL		1.4 CITY - ST - 7)P		
TOPLE	VPD	DELETE	2.1 TITLE		Change Addition
NAME	WALTHER, DOROTHY		2.2 NAME		
\$TREET ADDRESS	2500 W LAKE MARY BLVD, #	101	2.3 STREET ADDRESS		
CITY - ST - ZIP	LAKE MARY FL		2 4 City - St - 7iP		
TITLE	VPD	□ DELETE	3.1 1ITLF		Change
NAME	WALTHER, AILEEN D PALLI S 2500 W. LAKE MARY BLVD. 1	TEK	3.2 NAME W	ALTHER, AILEENDF	ALLICTED
STREET ADDRESS		01	3.3 STREET ADDRESS	1	"CCISTER
CITY-ST-ZIP	LAKE MARY FL	·····	3.4. CITY- ST- 7IP		~~. <u></u>
TITLE		☐ DELETE	4.1 TOLE		Change Addition
NAME			4. 2 NAMI		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY - ST - 2(P		· · · · · · · · · · · · · · · · · · ·	4.4 CHY-ST-7IP		
TITLE		☐ DELETE	5111101		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5 3 STREET ADDRESS		
CITY-ST-ZIP			5 4 CITY - S1 - ZIP		
TITLE		☐ DECETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS		•	6.3 STREET ADDRESS		
0.711 02 315			■		

14. Thereby 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 eath; 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. Alleen D. Pallister Walther