

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

95 MAR -7 AM 11:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000058496**
1. Corporation Name
FAIRWAY LEASING

Principal Place of Business Mailing Address
40 MARY BURKE
5991 PINE CONE CT - BLDG 403-C1
LAKE WORTH, FL 33463

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **8-13-93** 3a. Date of Last Report

2. Principal Place of Business 2a. Mailing Address
21 **SAME AS ABOVE** 26 **SAME AS ABOVE**

4. FEI Number **650448579** Applied For
Not Applicable

22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.

5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

23 City & State 28 City & State

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

24 Zip 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THE PRENTICE HALL CORP SYSTEM INC
1201 HAYES ST SUITE 105
TALLAHASSEE FL 32301

B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City **FL** B5 Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when necessary)

12. OFFICERS AND DIRECTORS
TITLE **PRESIDENT**
NAME **MARY BURKE**
STREET ADDRESS **5991 PINE CONE CT. 403C1**
CITY- ST- ZIP **LAKE WORTH FL 33463**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1. TITLE Change Addition
2. NAME
3. STREET ADDRESS
4. CITY- ST- ZIP

TITLE **SEC'Y**
NAME **KEVIN M. COLEMAN**
STREET ADDRESS **1301 AVE OF THE AMERICAS**
CITY- ST- ZIP **NEW YORK NY 10019**

21. TITLE Change Addition
22. NAME
23. STREET ADDRESS
24. CITY- ST- ZIP
100001426091
-03/10/95--01037--021
******200.00 ****200.00**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

31. TITLE Change Addition
32. NAME
33. STREET ADDRESS
34. CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

41. TITLE Change Addition
42. NAME
43. STREET ADDRESS
44. CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

51. TITLE Change Addition
52. NAME
53. STREET ADDRESS
54. CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

61. TITLE Change Addition
62. NAME
63. STREET ADDRESS
64. CITY- ST- ZIP

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 131.07(5)(A), 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 affidavit.

SIGNATURE: Mary C Burke
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-31-95 305-889-0088
DATE DATE OF FILING

[Handwritten initials]