

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

**DOCUMENT # P93000077598 (9)**

1. Corporation Name

**THE FALLSTAFF GROUP, INC.**

**FILED**  
95 JUL -7 AM 9:40  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Principal Place of Business      Mailing Address  
**175-NW-FIRST-AVE  
6TE-2000  
MIAMI-FL-33120-0905  
US**      **175-NW-FIRST-AVE  
6TE-2000  
MIAMI-FL-33120-0905  
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified      3a. Date of Last Report  
**11/03/1993**      **04/26/1994**

4. FEI Number      Applied For  
**65-0450328**      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

2. Principal Place of Business      2a. Mailing Address  
**21**      **26** *201 S. Discayne Blvd*  
Suite, Apt. #, etc.      Suite, Apt. #, etc.  
**22**      **27** *Suite 3000*  
City & State      City & State  
**23**      **28** *Miami, Florida*  
Zip      Country      Zip      Country  
**24**      **25**      **29** *33131*      **30** *U.S.*

9. Name and Address of Current Registered Agent  
**B & C CORPORATE SERVICES INC  
175-NW-FIRST-AVE  
COURT-HOUSE-CENTER-SUITE-2000  
MIAMI-FL-33120-0905**

10. Name and Address of New Registered Agent  
**81** Name  
**82** Street Address (P.O. Box Number is Not Acceptable)  
*201 S. Discayne Blvd*  
**83** *Suite 3000*  
**84** City      **85** Zip Code  
*Miami*      **FL**      *33131*

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: *[Signature]*      DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title, if applicable.      NOTE: Registered Agent signature required when reappointing.

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>
NAME	<b>SHARBY, ELLIOTT</b>
STREET ADDRESS	<b>3389 SHERIDAN ST #255</b>
CITY - ST - ZIP	<b>HOLLYWOOD, FLA 33021</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 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	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 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	
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 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)(b), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]*      DATE: **6/1/95**      (410) 74-1959  
Signature and typed or printed name of signing officer or director      (Type in Florida)