

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR 21 PM 3:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000024880 (4)

1. Corporation Name

THE FAIRCHILD GROUP INC.

Principal Place of Business

4000 NORTH STATE RD. 7
SUITE 304
LAUDERDALE LAKES FL 33319

Mailing Address

4000 NORTH STATE RD. 7
SUITE 304
LAUDERDALE LAKES FL 33319

DO NOT WRITE IN THIS SPACE

3. Date of Incorporation or Qualification

03/31/1994

3a. Date of Last Report

4. FCI Number

65-0298796

Applied For

(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 § 199.032,
Florida Statutes.

☒ Yes ☐ No

2. Principal Place of Business

21

2a. Mailing Address

2a

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS ST.
TALLAHASSEE FL 32301

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

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

(Signature must be printed name of registered agent and the corporation)

(Signature must be printed name of registered agent and the corporation)

12. OFFICERS AND DIRECTORS

13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP
PRESIDENT	NANCY L. FAIRCHILD	6940 N.W. 5TH ST	PLANTATION, FL 33317
TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP
TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP
TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP
TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP
TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP
TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP
TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP

TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	Change	Addition
14 TITLE	14 NAME	14 STREET ADDRESS	14 CITY, ST, ZIP	☐	☐
15 TITLE	15 NAME	15 STREET ADDRESS	15 CITY, ST, ZIP	☐	☐
16 TITLE	16 NAME	16 STREET ADDRESS	16 CITY, ST, ZIP	☐	☐
17 TITLE	17 NAME	17 STREET ADDRESS	17 CITY, ST, ZIP	☐	☐
18 TITLE	18 NAME	18 STREET ADDRESS	18 CITY, ST, ZIP	☐	☐
19 TITLE	19 NAME	19 STREET ADDRESS	19 CITY, ST, ZIP	☐	☐
20 TITLE	20 NAME	20 STREET ADDRESS	20 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 199.032, 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 my name appears in Block 12 or Block 13 if changed, or on a statement with no additions.

SIGNATURE:

Nancy L. Fairchild
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
NANCY L. FAIRCHILD, PRESIDENT

3/10/95

305-485-1002

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