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Apr 22 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P94000031782 (3)

1. Corporation Name

FAIRWAYS BEVERAGE CORP.



Principal Place of Business

Mailing Address

**10750 COLUMBIA PIKE
SILVER SPRING MD 20901**

**10750 COLUMBIA PIKE
SILVER SPRING MD 20901**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/27/1994

4. FEI Number

52-1879806

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 **10770 Columbia Pike**
Suite, Apt. #, etc.

2a. Mailing Address

26 **10770 Columbia Pike**
Suite, Apt. #, etc.

23 City & State

Silver Spring MD

24 **20901**

25 Country

US

28 City & State

Silver Spring, MD

29 **20901**

30 Country

US

9. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS ST.
SUITE 105
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE
NAME **LANDRY, DONALD J**
STREET ADDRESS **15700 SYCAMORE GROVE ROAD**
CITY-ST-ZIP **ROCKVILLE MD**

TITLE **STD** ☒ DELETE
NAME **HUMPHRIES, WELDON**
STREET ADDRESS **2118 SONDRAL COURT**
CITY-ST-ZIP **SILVER SPRING MD**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **President & Treasurer** ☒ Change ☐ Addition
1.2 NAME **Same**
1.3 STREET ADDRESS **10770 Columbia Pike**
1.4 CITY-ST-ZIP **Silver Spring, MD 20901**

2.1 TITLE **Executive Vice President** ☐ Change ☒ Addition
2.2 NAME **Kevin P. Hanley**
2.3 STREET ADDRESS **10770 Columbia Pike**
2.4 CITY-ST-ZIP **Silver Spring, MD 20901**

3.1 TITLE **Secretary** ☐ Change ☒ Addition
3.2 NAME **Pamela M. Williams**
3.3 STREET ADDRESS **10770 Columbia Pike**
3.4 CITY-ST-ZIP **Silver Spring, MD 20901**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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.

SIGNATURE:

Pamela M. Williams

Pamela M. Williams

4/6/98

301-979-3801

CR2E034 (10/97)