

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

SEP 11 - 1 PM 2:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000038488 (0)

FAIRVILLA, INC.

Principal Place of Business
**2575 N ORANGE BLOSSOM TRAIL
ORLANDO FL 32804**

Mailing Address
**2575 N ORANGE BLOSSOM TRAIL
ORLANDO FL 32804**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **05/17/1994** 3a. Date of Last Report

2. Principal Place of Business 2a. Mailing Address
21 State Apt # etc 26 State Apt # etc

22 City & State 27 City & State
23 City & State 28 City & State

24 25 29 30

4. FET Number **59-3243691** 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 changes in law under § 607.002
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LEE, HOY NON
2575 N ORANGE BLOSSOM TRAIL
ORLANDO FL 32804**

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 607.002 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 607.005, Florida Statutes.

SIGNATURE

Signature of Registered Agent or the Agent

Signature of Registered Agent or the Agent

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12

1. NAME **LEE, HOY NON**
2. STREET ADDRESS **2575 N ORANGE BLOSSOM TRAIL**
3. CITY, ST, ZIP **ORLANDO FL 32804**

4. NAME
5. STREET ADDRESS
6. CITY, ST, ZIP

7. NAME
8. STREET ADDRESS
9. CITY, ST, ZIP

10. NAME
11. STREET ADDRESS
12. CITY, ST, ZIP

13. NAME
14. STREET ADDRESS
15. CITY, ST, ZIP

16. NAME
17. STREET ADDRESS
18. CITY, ST, ZIP

1. NAME ☐ Change ☐ Addition

2. NAME ☐ Change ☐ Addition

3. STREET ADDRESS ☐ Change ☐ Addition

4. CITY, ST, ZIP ☐ Change ☐ Addition

5. NAME ☐ Change ☐ Addition

6. NAME ☐ Change ☐ Addition

7. STREET ADDRESS ☐ Change ☐ Addition

8. CITY, ST, ZIP ☐ Change ☐ Addition

9. NAME ☐ Change ☐ Addition

10. NAME ☐ Change ☐ Addition

11. STREET ADDRESS ☐ Change ☐ Addition

12. CITY, ST, ZIP ☐ Change ☐ Addition

13. NAME ☐ Change ☐ Addition

14. NAME ☐ Change ☐ Addition

15. STREET ADDRESS ☐ Change ☐ Addition

16. CITY, ST, ZIP ☐ Change ☐ Addition

17. NAME ☐ Change ☐ Addition

18. NAME ☐ Change ☐ Addition

19. STREET ADDRESS ☐ Change ☐ Addition

20. CITY, ST, ZIP ☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not apply for the exemption stated in Sections 607.002 and 607.1508, Florida Statutes. I further certify that the information is correct and that this annual report or requirement of annual report is true and complete and that this signature shall have the same legal effect as if made under oath. That I am qualified to check that the corporation or the person or persons responsible for preparing this report are required by Chapter 447, Florida Statutes, and that the report complies with the provisions of Chapter 447, Florida Statutes, and that the report is correct and complete.

SIGNATURE:

Hoy N. Lee
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HOY N. LEE 4-28-95 (407) 422-0911