

3-17-97 B- 5140 C
FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Mar 17 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **P94000038488 (0)**

1. Corporation Name
FAIRVILLA, INC.

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

Mailing Address
**2575 N ORANGE BLOSSOM TRAIL
ORLANDO FL 32804-4808**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/17/1994		3a. Date of Last Report 04/25/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-3243691		Applied For <input type="checkbox"/> Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		30 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name
SUKHYUN CHO
82 Street Address (P.O. Box Number is Not Acceptable)
2575 N ORANGE BLOSSOM TRAIL
83
84 City
ORLANDO **FL** 85 Zip Code
32804

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]

(NOTE: Registered Agent signature required when re-stating)

DATE

3-10-97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D -	<input checked="" type="checkbox"/> DELETE	1.1 TITLE D, PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME LEE, HOY NON		1.2 NAME ILHWAN CHO	
STREET ADDRESS 2575 N ORANGE BLOSSOM TRAIL		1.3 STREET ADDRESS 2714 Norris Ave	
CITY-ST-ZIP ORLANDO FL 32804		1.4 CITY-ST-ZIP Orlando, FL 32803	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE D, SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME SUKHYUN CHO	
STREET ADDRESS		2.3 STREET ADDRESS 2714 Norris	
CITY-ST-ZIP		2.4 CITY-ST-ZIP Orlando, FL 32803	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-10-97

CR2E034 (9/96)