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PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

P94000039049 (9) **DOCUMENT #**

1. Corporation Name

FAFARD ENTERPRISES, INC.

Mailing Address



	DI DUSINESS							
1301 SW 117 FORT LAUDER US	AVENUE RDALE FL 33325	1301 SW 117TH : FORT LAUDERDA						
U O					3. Date Incorporated or Qualified 05/24/1994		of Last R 6/20/19	
. Principal Plac	ce of Business	2a. Mailing Address			4. FEI Number		k	Applied For
<u></u>		26			65-0491652			Not Applicable
Suite, Apt #,	, etc.	Suite, Apt. #, etc. [27]	с		5. Certificate of Status Desired			Additional Required
City & State		City & State			Election Campaign Financing Trust Fund Contribution			O May Be d to Fees
Zip	Country 25	7ip 29	Coun 30	ry	This corporation has liability for i Florida Statutes	intangible ta No	ax under s	199.032,
	g. Name and Address of Cu	rrent Registered Agent			10. Name and Address of New R	Registered	Agent	
			1	I1 Name				
FAFARD,			1	12 Street Add	dress (P.O. Box Number is Not Acceptab	ole)		
1301 SW 117TH AVENUE			1	3				
FUKI LA	AUDERDALE FL 33325							
			[1	14 City		FL	85 Zi	p Code
1. Pursuant to	the provisions of Sections 607.0	0502 and 607.1508, Florida S	Statutes, the abov	e named corpo	oration submits this statement for the pur ard of directors. Thereby accept the appr	rpose of ch	anging its i	registered off
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non nereoy certify that the information supplied with this tiling is voluntarily furnished and does not quality for the exemption stated in Section 119.07(8)(K). 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 compration 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 ferhanged, or on an extracting-sit with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytone Florie #