

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
May 05 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P94000046257 (9)**

1. Corporation Name  
**MAYFAIR CORPORATION**



Principal Place of Business  
**1475 W. CYPRESS CREEK RD.  
#204  
FT. LAUDERDALE FL 33309**

Mailing Address  
**1475 W. CYPRESS CREEK RD.  
#204  
FT. LAUDERDALE FL 33309**

**9320 CLUBSIDE CIR  
SARASOTA, FL 34238**

**7350 S. TAMIA ME  
#223**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**21 9320 CLUBSIDE CIR**  
Suite, Apt. #, etc.  
**22 2208**  
City & State  
**23 SARASOTA, FL**  
Zip  
**24 34238**

2a. Mailing Address  
**26 7350 S. TAMIA ME**  
Suite, Apt. #, etc.  
**27 223**  
City & State  
**28 SARASOTA, FL**  
Zip  
**29 34231**

Country  
**30 SARASOTA**

3. Date Incorporated or Qualified  
**06/21/1994**

4. FEI Number  
**65-0603937**

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

9. Name and Address of Current Registered Agent  
**BROWN, MARIE E  
1475 W. CYPRESS CREEK RD.  
#204  
FT. LAUDERDALE FL 33309**

10. Name and Address of New Registered Agent  
**81 Name  
PATRICIA SWAN  
82 Street Address (P.O. Box Number is Not Acceptable)  
9320 CLUBSIDE CIR.  
83 2208  
84 City  
SARASOTA FL 85 Zip Code  
34238**

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 *Patricia Swan* **2-23-98**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D SWAN, PATRICIA</b>	1.2 NAME	<b>PATRICIA SWAN</b>
STREET ADDRESS	<b>1475 W. CYPRESS CREEK RD., #204</b>	1.3 STREET ADDRESS	<b>9320 CLUBSIDE CIR. 2208</b>
CITY-ST-ZIP	<b>FT. LAUDERDALE FL 33309</b>	1.4 CITY-ST-ZIP	<b>SARASOTA, FL 34238</b>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
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 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: *Patricia Swan*

**2-23-98 941-944-6593**

CP2E034 (10/97)