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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

P95000042681 (3)

DOCUMENT #
1. Corporation Name

FAIRWAY CIRCLE COMPANY, INC.

Principal Place of Business

Mailing Address



278 FAIRWA NAPLES FL		278 FAIRWAY CIRCLE NAPLES FL 33942				
					3. Date Incorporated or Qualified 06/01/1995	3a. Date of Last Report
2. Principal Pla	ice of Business "Palm BEAC# BND.	2a. Mailing Address	BEAC	4 31v	4. FEI Number 0 65-0586172	Applied For Not Applicable
Suite, Apt. #		Suite, Apt. #, etc.		<u> </u>		\$8.75 Additional Fee Required
City & State		City & State		-1	6. Election Campaign Financing	\$5.00 May Be
Zip	MYERS FJ. Country LEE	Zip	Country	<u>F1.</u>	Trust Fund Contribution 8. This corporation has liability for int	Added to Fees
24 33 9	9. Name and Address of Current F		30 2	EE	Florida Statutes Yes 10. Name and Address of New Reg	□No
COSTELLO, TRUMAN J 12670 NEW BRITTANY BLVD. SUITE 101 B1 Name LE Street Address 6 5 60.					ENT TR STEPH Jess (P.O. Box Number is Not Acceptable) O 5 PAIM BEACH	
	YERS FL 33907		84	City FT.	MYERI	FL 85 Zip Code 33905
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—Style— A Line of registered agent and the if applicable. (NOTE Registered Agent, signature required when reinstating) OATE						
12.	OFFICERS AND D	DIRECTORS	13.	og id.ore require	ADDITIONS/CHANGES TO OFFICE	1
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NAME			1.2 NAME	- ₁	BUBOITZ, ROBN 5605 PAIN BEAG	- -
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				1 ADDRESS		
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CITY+SI-ZIP			5.4 CITY - S	ST - ZIP		
TITLE		DELETE	6 1 TITLE			Change Addition
NAME			6.2 NAME			
STHEET ADDRESS			€.3 STREET	ADDRESS		
CITY-ST-ZIP			6.4 CITY - S	ST-ZIP		i
14. I do hereby	certify that the information supplied with	n this filing is voluntarily furnisl	hed and doe	s not qualify f	or the exemption stated in Section 119.07	(3)(k), Florida Statutes. I further

cereily mad 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 organ attachment with an address.

4/17/96

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