FILE	NOW: FILING FEE	AFTER MAY 1	IS \$225.00		
COR ANNU	PROFIT PORATION IAL REPORT 1996	Sandra Secret	ARTMENT OF STATE B. Mortham ary of State CORPORATIONS		
DOCUMENT # P95000065030 (5)					
•	FAYE, INC.	•	-,		
	- · · · · · - · · · · · ·				
Principal Place of Business Mailing Address					JOSEN BRENE BREND BREND BREND BREND HEREN BREND (B.D.)
2801 N HALIFAX AVE #155 2801 N HALIFAX AVE P DAYTONA BEACH FL 32178 DAYTONA BEACH FL 3					
				3. Date Incorporated or Qualified 08/22/1995	3a. Date of Last Heport
2. Principal Pla		2a. Mailing Address		4. FEI Number	Applied For Not Applicable
Suite, Apt. #	, etc	Suite, Apt. #, etc		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	tora Beach	Orty & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24 3 A 1	S Country	Zip 29	Gount: 10	8. This corporation has liability for	
	9. Name and Address of Curren	t Registered Agent		10. Name and Address of New F	
STANC	H NAMOV I		81 Name		
STANCH, NANCY L 2801 N HALIFAX AVE #155				ress (P.O. Box Number is Not Acceptat	ole)
DAYTO	NA BEACH FL 32178		83		
			84 City		- 85 Zin Cordo
11. Pursuant to	the provisions of Sections 607.0502	and 607.1508, Florida Statute	s the above named corror	ahon submits this statement by the re-	
or registere familiar with	d aftent, or both, in the State of Floric n, and accept the obligations of, Secti	la. Such change was authorize on 607.0505, Florida Statutes	ed by the converation's boar	ration submits this statement for the pur rd of directors. Thereby accept the app	contract as registered agent. Lam
SIGNATURE .	Lancy L &	tanch			4-1-91
12.	lgredure, typed or minled held of registeres agent. OFFICERS ANI		Heightered Agent signature require 13.		ICERS AND DIRECTORS IN 12
TITLE	PSTD	DELFTE	1. 1 TiTLE	ADDITIONS/CHANGES TO OFF	Change Addition
NAME	STANCH, NANCY L		1.2 NAME		Z
STREET ADDRESS	2801 N HALIFAX AVE #155		1.3 STREE! ADDRESS		[8]
City-ST-ZiP THILE	DAYTONA BEACH FL 3217		1.4 CiTY - ST - 2IP		
NAME		☐ DELETE	2 1 THLE	:	☐ Change ☐ Addition ☐
STREET ADDRESS			2.2 NAME		ļ
CITY-ST-ZIP			2 3 STREE ADDRESS 2 4 CITY - ST - ZIP		
TITLE		☐ DELETE	3 1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4.C/TY+.5T+Z/P		
TITLE		☐ DELETE	4 1 TITLE		Change Addition
NAME STREET ADDRESS			4.2 NAME		
CITY-ST-ZIP			4.3 STREE" ADDRESS		
TITLE		DELETE	4.4 CHY 1 - ZIP 5 % TITLE		Change Addition
NAME		<u></u>	5.2 NAME		Change Addition
STREET ADDRESS			53 STREE ADDRESS		
CITY-ST-ZiP			5.4 CHTY- 11-ZIP		
THLE		☐ DELETE	6 1 TITLE		Change Addition
NAME			6 2 NAME		
STREET ADDRESS			63 STREE ADDRESS		
CITY-ST-ZIP	Certify that the information a value of	itts thin films in call the first	6 4 CITY T - ZIP		
oath: that La		tion or the respirator of the state	ai report is trile and accurat	or the exemption stated in Section 119, re and that my signature shall have the report as required by Chapter 607, Flo	
	($I \subset I$. 0	. ^ ^	

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

908.873-1957