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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000067863

1. Corporation Name

FAWN GROVE, INC.

## FILED Mar 09, 1999 8:00 am Secretary of State

03-09-1999 90123 012 \*\*\*150.00



Mailing Address Principal Place of Business 6900 SOUTH ORANGE BLOSSOM TRAIL, SUITE 432 6900 SOUTH ORANGE BLOSSOM TRAIL, SUITE 432 ORLANDO FL 32809 ORLANDO FL 32809 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 09/01/1995 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 59-3339183 Not Applicable 21 26 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certifcate of Status Desired П Fee Required 27 22 City & State City & State Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 28 23 Country Zip Country Zip This corporation owes the current year Intangible ☐ Yes 30 Personal Property Tax. 25 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent BOUCHENOT, BERTRAND 82 Street Address (P.O. Box Number is Not Acceptable) 6900 S. ORANGE BLOSSOM TR. STE. 432 83 ORLANDO FL 32809 Zip Code 84 City 85 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12 13. DELETE ☐ Change 1.1 TITLE TITLE GAYRIN, BERTRAND 12 NAME NAME 6900 SOUTH ORANGE BLOSSOM TRAIL. SUITE 432 1.3 STREET ADDRESS STREET ADDRESS ORLANDO FL 32809 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition 2.1 TITLE ☐ Change VSTD TITLE GAYRIN, MARIE L 2.2 NAME NAME 6900 SOUTH ORANGE BLOSSOM TRAIL, SUITE 432 2.3 STREET ADORESS STREET ADDRESS ORLANDO FL 32809 2. 4 CITY-ST-ZIP CITY-ST-ZIP [7] Change ☐ Addition DELETE TITLE 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP ☐ Addition Change □ DELETE 4.1 TITLE TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Addition

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, with all other like empowered.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Change

CR2E034 (11/98)