PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED Mar 02, 1999 8:00 am Secretary of State

03-02-1999 90123 012 ***150.00

THE FAI	TH HOUSE, INC.								
Principal Place	TERRACE .	Mailing Address 441 SW DAVID TERRACE PORT ST LUCIE FL 3495			•				•
PORT ST LUCKE	FL 34902	PUNI SI WUE PE 3430	2		DO NOT WE		SPACE		
					3. Date incorporated or Qualifed	1	• -	.	••
					11/28/1995 4. FEI Number		LAG	plied For	
 '	lace of Business	2a. Mailing Address			NOT APPLICABLE	•		t Applicable	
Suite, Apt.	# atc	26 Suite, Apt. #, etc.						Additional	
22	п, ф.	27			5. Certificate of Status Desired		Fee Re	beniupe	
City & State	Θ	City & State			6. Election Campaign Financing	, _□	\$5.00		
23		28			Trust Fund Contribution		_Added	to Fees	
Zip	Country	Zip	Cou	intry 	8. This corporation owes the cu	irent year Int	angible —— Yes	□No	
24	25	29	30		Personal Property Tax. 10. Name and Address of New	Registered			
	9. Name and Address of Curren	t Registered Agent		B1 Name	TO. Mallo Blu Address of Non				
	NT, NORMA				ddress (P.O. Box Number is Not Accep	table)			
	SW DAVID TERRACE								
POR	IT ST LUCIE FL 34952			83				_ [
				84 City		FL	85 Zip (- 1	
11. Pursuant office or r	to the provisions of Sections 607.050 registered agent, or both, in the State on familiar with, and accept the obligations.	2 and 607,1508, Florida Stati of Florida, Such change was tions of Section 607,0505, Fl	utes, me a authorized lorida Stati	bove-named of by the corpor utes.	ation's board of directors, I hereby according	ept the appoi	ntment as re	gistered ·	
SIGNATURE									_
SIGNATURE	Signature, typed or printed name of regulared ager	nt and title if applicable. (NOT	TE. Registered		ured when reinstating)	DATE			(86)
SIGNATURE	Signature, typed or printed name of regulared agen OFFICERS AN			Agent signature ret		DATE			(11/98)
SIGNATURE	Signature, typed of printed name of regulared agent OFFICERS AN	nt and title if applicable. (NOT ID DIRECTORS	TE. Registered	Agent signature rec	ured when reinstating)	DATE	ID DIRECTO	PRS IN 12	34 (11/98)
SIGNATURE 12. TITLE	Signature, typed or printed name of regulared agen OFFICERS AN	nt and title if applicable. (NOT ID DIRECTORS	TE. Registered 13. 1.1 TI 1.2 N	Agent signature rec	ured when reinstating)	DATE	ID DIRECTO	PRS IN 12	2E034 (11/98)
SIGNATURE 12. TITLE NAME	Signature, typed of printed name of regulared ages OFFICERS AN D GRANT, VALARIE	nt and title if applicable. (NOT ID DIRECTORS	13. 1.1 TI 1.2 N 1.3 ST	Agent signature rec	ured when reinstating)	DATE	ID DIRECTO	PRS IN 12	CR2E034 (11/98)
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of regulared apper OFFICERS AN D GRANT, VALARIE 8412 DEL NORTE CT	nt and title if applicable. (NOT ID DIRECTORS	TE. Registered 13. 1.1 TT 1.2 N 1.3 ST 1.4 CL 2.1 TI	TLE AME TTY-ST-ZIP TTLE	ured when reinstating)	DATE	ID DIRECTO	PRS IN 12	CR2E034 (11/98)
SIGNATURE 12. ITILE NAME STREET ADDRESS CITY-ST-ZIP	Styrebure, typed or printed name of regulared ager OFFICERS AN D GRANT, VALARIE 8412 DEL NORTE CT ALEXANDRIA VA 22309 A GRANT, NORMA	nt and title if applicable. (NOT ID DIRECTORS	13. 1.1 TI 12 N 1.3 ST 1.4 CI 2.1 TI 2.2 N	TLE AME TREET ADDRESS TY-ST-ZIP TLE AME	ured when reinstating)	DATE	ID DIRECTO	PRS IN 12	CR2E034 (11/98)
SIGNATURE 12. ITILE NAME STREET ADDRESS CITY-ST-ZIP ITILE	Styrebure, typed or printed name of regulared ager OFFICERS AN D GRANT, VALARIE 8412 DEL NORTE CT ALEXANDRIA VA 22309 A GRANT, NORMA 441 SW DAVID TERR	nt and title if applicable. (NOT ID DIRECTORS	13. 1.1 TI 1.2 N 1.3 ST 1.4 CI 2.1 TI 2.2 N 2.3 ST	Agent eignehare rec TILE AME TREET ADDRESS TY-ST-ZIP TILE AME	ured when reinstating)	DATE	ID DIRECTO	PRS IN 12	CR2E034 (11/98)
SIGNATURE 12. ITILE NAME STREET ADDRESS CITY-ST-ZIP ITILE NAME STREET ADDRESS CITY-ST-ZIP	Styrebure, typed or printed name of regulared ager OFFICERS AN D GRANT, VALARIE 8412 DEL NORTE CT ALEXANDRIA VA 22309 A GRANT, NORMA 441 SW DAVID TERR P.S.L FL 34953	nt and title if applicable. (MOT ID DIRECTORS DELETE	13. 1.1 TI 12 N 1.3 SI 1.4 CI 2.1 TI 2.2 N 2.3 SI 2.4 C	TLE AME TREET ADDRESS TTY-ST-ZIP TLE AME TREET ADDRESS TTY-ST-ZIP TLE TREET ADDRESS	ured when reinstating)	DATE	ID DIRECTO	PRS IN 12	CR2E034 (11/98)
SIGNATURE 12. ITHE NAME STREET ADDRESS CITY-ST-ZIP ITHE NAME STREET ADDRESS CITY-ST-ZIP ITHE	Styrebure, typed or printed name of regulared ager OFFICERS AN D GRANT, VALARIE 8412 DEL NORTE CT ALEXANDRIA VA 22309 A GRANT, NORMA 441 SW DAVID TERR P.S.L. FL 34953 VP	nt and title if applicable. (NOT ID DIRECTORS	TE. Registered 13. 1.1 Π 1.2 N 1.3 SI 1.4 CI 2.1 Π 2.2 N 2.3 SI 2.4 C 3.1 Π	TLE AME TREET ADDRESS TTY-ST-ZIP TLE AME TREET ADDRESS TTY-ST-ZIP TREET ADDRESS TTY-ST-ZIP TLE	ured when reinstating)	DATE	ID DIRECTO Change	ORS IN 12 Addition Addition	CR2E034 (11/98)
SIGNATURE 12. ITHE NAME STREET ADDRESS CITY-ST-ZIP ITHE NAME STREET ADDRESS CITY-ST-ZIP ITHE NAME	Styrabure, typed of printed name of regulared ager OFFICERS AN D GRANT, VALARIE 8412 DEL NORTE CT ALEXANDRIA VA 22309 A GRANT, NORMA 441 SW DAVID TERR P.S.L FL 34953 VP GRANT, ARTHUR	nt and title if applicable. (MOT ID DIRECTORS DELETE	TE. Registred 4.13. 1.1 Π 12.N 13.Si 14.Ci 21.Π 22.N 23.Si 2.4.Ci 3.1 Π 32.N	TAGENT EIGENTAINE TO THE AAME TREET ADDRESS TTY-ST-ZIP TILE AAME TREET ADDRESS TTY-ST-ZIP TILE AAME AAME	ured when reinstating)	DATE	ID DIRECTO Change	ORS IN 12 Addition Addition	CR2E034 (11/98)
SIGNATURE 12. ITHE NAME STREET ADDRESS CITY-ST-ZIP ITHE NAME STREET ADDRESS CITY-ST-ZIP ITHE NAME STREET ADDRESS	Styrabure, typed of printed name of regulared ager OFFICERS AN D GRANT, VALARIE 8412 DEL NORTE CT ALEXANDRIA VA 22309 A GRANT, NORMA 441 SW DAVID TERR P.S.L FL 34953 VP GRANT, ARTHUR 441 S.W. DAVID TERR	nt and title if applicable. (MOT ID DIRECTORS DELETE	TE. Registered . 13	TLE AME TREET ADDRESS TTY-ST-ZIP TLE AME TREET ADDRESS TTY-ST-ZIP TREET ADDRESS TTY-ST-ZIP TLE	ured when reinstating)	DATE	ID DIRECTO Change	ORS IN 12 Addition Addition	CRZE034 (11/98)
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SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP	Signature, typed of printed name of regulared ager OFFICERS AN D GRANT, VALARIE 8412 DEL NORTE CT ALEXANDRIA VA 22309 A GRANT, NORMA 441 SW DAVID TERR P.S.L FL 34953 VP GRANT, ARTHUR 441 S.W. DAVID TERR P.S.L FL 34952 S MC. GRAW ALLYSON	nt and title if applicable. (NOT ID DIRECTORS DELETE	TE. Required 13.11 12.N 13.51 14.Cl 21.Π 22.N 23.51 2.4.C 3.1Π 32.N 33.51 34.C	TLE AME TREET ADDRESS TITY-ST-ZIP TILE AME TREET ADDRESS TITY-ST-ZIP TILE AME TREET ADDRESS TITY-ST-ZIP TILE TREET ADDRESS TITY-ST-ZIP TILE TREET ADDRESS	ured when reinstating)	DATE	D DIRECTO Change Change	ORS IN 12 Addition Addition	CR2E034 (11/98)
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14. Thereby 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 eath; 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.

SIGNATURE: NORMA GRANT Administration of Signature and Typed or Printed Name of Signing Officer on Director

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