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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9600081419 (9) FAFCO HOLDING COMPANY						
Principal Place of Business Mailing Address					rightipht iin thirt priil mhir mhir huil bhio) iili	
2215 NORTHWEST 36TH STREET MIAMI FL 33142		2215 NORTHWEST 36TH STREET				
MIMMI PL 331	142	MIAMI FL 33142			DO NOT WRITE IN THIS	SPACE
					3. Date Incorporated or Qualified 10/01/1996	
2. Principal Place of Business		2a. Mailing Address	} - -		4. FEI Number	Applied For
Suite, Apt.	# ptc	Suite, Apt #, etc.			65-0699272	Not Applicable
22 Suite, Apr.	#, 0 16.	27			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	.0	City & State			8. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
Zip Country		Zip	Zip Country		8. This corporation owes or has paid the cur	rent year Intangible
24	25		30			Yes 🔲 No
	9, Name and Address of Current	t Registered Agent	8.	Name	10. Name and Address of New Registered	Agent
	MWELL, TIMOTHY B		Ľ	INGITIES		
	15 NORTHWEST 36TH STREET AMI FL 33142		82	Street Ad	ddress (P.O. Box Number is Not Acceptable)	
WW	MMI FL 33142		83	3		
				J		
			84	City	FL	85 Zip Code
 Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-noffice or registered agent, or both, in the State of Florida. Such change was authorized by the agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. 						
agent. I a	ragistered agent, or noth, in the state im familiar with, and accept the obliga	or Horida. Such change was a itions of, Section 607,0505, Flo	rida Statute	sy ine corpor es.	ration's board of directors. I nereby accept the app	ontment as registered
SIGNATURE					· · · · · · · · · · · · · · · · · · ·	
12.	Signature, typical or printed name of registered ages OFFICERS ANI		13.	ent signature rec	equired when reinstalling) DATE ADDITIONS/CHANGES TO OFFICERS AND	DIDECTORS IN 12
TITLE	D	DELETE	1.1 TITLE		ADDITIONS/CHANGES TO OFFICE HIS	Change Addition
NAME	MADAN, NORMAN L	_	1.2 NAME			
STREET ADDRESS 2215 NORTHWEST 36TH STRE		EET	1.3 STREE	T ADDRESS	•	
CITY-ST-ZIP MIAMI FL 33142			1.4 CITY-	ST-ZIP		
TITLE	D DELETE		2 1 TITLE			Change Addition
NAME	BYER, ANNE		2.2 NAME			
STREET ADDRESS			2.3 STREE	1 ADDRESS	·	
CITY-ST-ZIP	MIAMI FL 33142		2. 4 CITY	ST-ZIP		
MITLE	D DELETE		3.1 TITLE		1	Change Addition
NAME OTRECT ADDRESS	ECHTENTHAL, KENYE 2215 NORTHWEST 36TH STR	FFT	3.2 NAME	- 1		}
STREET ADDRESS CITY-ST-ZIP	MIAMI FL 33142	LLI	3.3 STREE	1 ADDRESS		
TITLE	D DELETE		4.1 TITLE	-S1-2IF		☐ Change ☐ Addition
NAME	GAMWELL, TIMOTHY B		4. 2 NAME	:		
STREET ADDRESS	2215 NORTHWEST 36TH STR	EET		T ADDRESS		
CITY-ST-ZIP	MIAMI FL 33142		4.4 CiTY-	ST - ZIP		
TITLE	DELETE 5.		5.1 TITLE			☐ Change ☐ Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREE	1 ADDRESS		
CITY-ST-ZIP		T Arity	5.4 CITY -	S1 - ZIP		Change Little
TITLE		DELETE.	61 TITLE			Change Addition
			6.2 NAME		:	
STREET ADDRESS			6.3 STREE	T ADDRESS		ļ

64 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 the attachment with an address.

SIGNATURE:

Im Lanwell

4/22/98

305-638-2010

FILED

May 15 1998 8:00am

Secretary of State