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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P97000038929**1. Corporation Name

FILED Feb 10, 1999 8:00am **Secretary of State**

02-10-1999 90028 034 ***150.00

anew al	FFAIR, INC.										
							1				
Principal Place	e of Business	Mailir	ng Address				٦			III BY IBNIO IBNIO I	1919 181) 1861
10250 NW 89TH AVE BAY #2 10250 NW 89TH AVE BAY #											•
MEDLEY FL 33178 MEDLEY FL 33178					-					•	
							L	DO NOT WRI		SPACE	
								3. Date Incorporated or Qualifed			
							1	04/30/1997			
2. Principal Pl	_							4. FEI Number		<u> </u>	olied For
21								65-0748462			Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.								5. Certificate of Status Desired	□ .	\$8.75 A	I
27											
	City & State City & State							6. Election Campaign Financing		\$5.00	
23								Trust Fund Contribution		Added to	o Fees
Zip	Country	Zi	ρ	Cou	ntry			8. This corporation owes the cur	rent year Int		
24	25	29		30				Personal Property Tax.	Danistana d		
	9. Name and Address of Cur	rent Register	ed Agent		81	Name		10. Name and Address of New	Registered	Agent	
DITA	HOWARD K			1	• '	Name					
	, HOWARD K				82	Street Addr	ress	(P.O. Box Number is Not Accept	able)		
241 SEVILLA AVE				į	_			120713 84 84 85 85 85 85 85 85 85 85 85 85 85 85 85	n an grant		tida kiri tarahka
SUITE 900 CORAL GABLES FL 33134					83				电台设置	温温温	
				ŀ	84	City			1 1937 Teach	85 Zip C	ode
	to the provisions of Sections 607.0 egistered agent, or both, in the Sta					•			FL	<u> </u>	
SIGNATURE	Signature, typed or printed name of registered	agent and title if ap	·		Agent	it signature require	d wh	ADDITIONS/CHANGES TO OF	DATE	ID DIRECTO	PS IN 12
12.	P	AND DIRECT	DELETE	13.	16				FICENS A	Change	Addition
TITLE	·		Deterie								
NAME	MULLENIX, MICHELLE M			1.2 NA							j
STREET ADDRESS	901 BLUE RIDGE WAY					ADDRESS					. (
CITY-ST-ZIP	DAVIE FL 33325		DELETE	1.4 CIT		T-ZIP				☐ Change	Addition
TITLE	V		☐ DELETE	2.1 TIT						ondingo	
NAME	MULLENIX, STEVEN R			2.2 NA							1
STREET ADDRESS	901 BLUE RIDGE WAY			2.3 ST	REET	FADDRESS					l
CITY-ST-ZIP	DAVIE FL 33325			2.4 CI		T-ZIP		·	·	Change	Addition
TITLE			☐ DELETE	3.1 TIT				•		☐ Change	[] Addition
NAME ,	i .			3.2 NA				4			
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CITY-ST-ZIP				3.4. CI		T-ZIP		1. Sec. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.			Addition
TITLE	,		☐ DELETE	4.1 TIT						Change	Addition
NAME,				4. 2 N	ME						
STREET ADDRESS				4.3 ST	REET	ADDRESS					
CITY-ST-ZIP				4.4 CF		T-ZIP					□ Addition
TITLE			☐ DELETE	5.1 TIT						☐ Change	☐ Addition
NAME				5.2 NA				e de la france		• •	
STREET ADDRESS	,					TADORESS)
CITY-ST-ZIP				5.4 CI		T-ZIP					TA Legal
TITLE			☐ DELETE	6.1 111				•		☐ Change	Addition
NAME				6.2 NA							,
STREET ADDRESS				6.3 ST	REET	T ADDRESS					

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 chapted, of on an attachment with an address, with all other like empowered.

SIGNATURE: