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

P97000066272 (0) DOCUMENT #

FAIRFIELD GARDENS, INC.

Principal Place of Business C/O MARK F. GRANT, ESO Mailing Address

C/O MARK F. GRANT, ESO.

FILED

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SECRETARY OF STATE

200 EAST BROWARD BLVD FT LAUDERDALE FL 33301			200 EAST BROWARD BLVD FT LAUDERDALE FL 33301			DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualified 07/31/1997		
2. Principal Place of Business		2a, Mailing Add	2a. Mailing Address			4. FEI Number	Applied For	
ı <u> </u>		26				65-0775779	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. 4	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip 4	Country 25	Zip 29	30	intry		This corporation owes or has paid the corporation owes. This corporation owes or has paid the corporation owes. This corporation owes or has paid the corporation owes.	urrent year Intangible	
	9. Name and Address of Cui	rent Registered Agent				10. Name and Address of New Registered	Agent	
GRANT, MARK F C/O RUDEN, MCCLOSKY, SMITH, ET AL. 200 EAST BROWARD BLVD FT LAUDERDALE FL 33301			81	Name				
			82	82 Street Address (P.O. Box Number is Not Acceptable)				
			83	3				
				84	City	Fi	85 Zip Code	
11. Pursuant t	o the provisions of Sections 607.	0502 and 607,1508, Flor	ida Statutes, the al	bove	-named corp	oration 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	Signature, typed or printed name of registered agent and title if applicable (NOTE: R	egistered Agent signature	required when reinstating) DATE
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	TRESIDENT DELETE	1.1 TITLE	Change Addition
	Man deBaptite		— • • — I
NAME		1.2 NAME	7000024497672 -03/06/9801117002
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP	Boca Rutor, FL 33431	1.4 CITY - ST - ZIP	****150.80 ****150.00
TITLE	CEO IO A II — DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	Richard P. Donnelland r (C. 100)	2.2 NAME	
STREET ADDRESS	Richard P. Donnellandon. 2600 North Military Travil, Ste. 160 Boca Raton, pe 37431	2.3 STREET ADDRESS	
City-ST-ZIP	Boca Raton, FL 37431	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. CITY-ST-ZIP	
TITLE	DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	5000.0	4. 2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	DELETE	5.1 TITLE	Change Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	1/00 "
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	DELETE	6.1 TITLE	Change Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	
Ç177 O7 KII		4.7 JIII 01 E0	

14. I hereby certify that the information supplied with this tiling 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 and floring that I am an officer or director of the corporation or the doceaver or the colored 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 attacking with an address.

SIGNATURE: