


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

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Sep 13, 1999 8:00 am
Secretary of State

09-13-1999 90003 039 ***550.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #
Corporation Name
Fairie Boy's Investments, Inc.
Pg 8000054199

Principal Place of Business Mailing Address
475 Ulmerton Road Largo, Florida 33771-3734
9475 Ulmerton Road Largo, Florida 33771-3734

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 6/9/98

| | |
|---|--------------------------------|
| 4. FEI Number: 59-3518075 | Applied For: Not Applicable |
| 5. Certificate of Status Desired: <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation owes the current year Intangible Personal Property Tax: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

9. Name and Address of Current Registered Agent

Mohana Cheaib
596 Michigan Boulevard
Dunedin, Florida 34698

10. Name and Address of New Registered Agent

| |
|--|
| 81 Name: Mohana Cheaib |
| 82 Street Address (P.O. Box Number is Not Acceptable): 1685 Chaplene Court |
| 83 |
| 84 City: Dunedin FL 85 Zip Code: 34698 |

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.

NATURE: *Mohana Cheaib* (Signature)
DATE: 9/8/99

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|--------------------|--|--|
| <input type="checkbox"/> DELETE | 1.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 1.2 NAME: Mohana Cheaib | 1.2 NAME | | |
| 1.3 STREET ADDRESS: 1596 Michigan Boulevard | 1.3 STREET ADDRESS | | |
| 1.4 CITY-ST-ZIP: Dunedin, Florida 34698 | 1.4 CITY-ST-ZIP | | |
| <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| | 2.2 NAME | | |
| | 2.3 STREET ADDRESS | | |
| | 2.4 CITY-ST-ZIP | | |
| <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| | 3.2 NAME | | |
| | 3.3 STREET ADDRESS | | |
| | 3.4 CITY-ST-ZIP | | |
| <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| | 4.2 NAME | | |
| | 4.3 STREET ADDRESS | | |
| | 4.4 CITY-ST-ZIP | | |
| <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| | 5.2 NAME | | |
| | 5.3 STREET ADDRESS | | |
| | 5.4 CITY-ST-ZIP | | |
| <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| | 6.2 NAME | | |
| | 6.3 STREET ADDRESS | | |
| | 6.4 CITY-ST-ZIP | | |

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.

SIGNATURE: *Mohana Cheaib*

DATE: 9/8/99
727/515-8315

CR2E034 (11/98)