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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P98000060581
 1. Corporation Name
 FAIRFIELD - SADA CORP.



Principal Place of Business: 5620 N.W. 45TH LANE, GAINESVILLE FL 32608
 Mailing Address: 5620 N.W. 45TH LANE, GAINESVILLE FL 32608

3. Date Incorporated or Qualified: 07/07/1998

4. FEI Number: 59-3523150 (Applied For) / 59-352350 (Not Applicable)

5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Election Campaign Financing: \$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax: Yes No

9. Name and Address of Current Registered Agent: SCHMIELAU, HARRY A, 5620 N.W. 45TH LANE, GAINESVILLE FL 32608

10. Name and Address of New Registered Agent: B1 Name: SCHMIG LAU, WARRY A; B2 Street Address: 3297 BRUNSWICK LANE; B4 City: SARASOTA, FL; B5 Zip Code: 34239

11. 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.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: D	NAME: SCHMIELAU, HARRY A	1.1 TITLE: PRESIDENT - DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 5620 N.W. 45TH LANE	CITY-ST-ZIP: GAINESVILLE FL 32608	1.2 NAME: SCHMIELAU, HARRY A	
		1.3 STREET ADDRESS: 3297 BRUNSWICK LANE	
		1.4 CITY-ST-ZIP: SARASOTA, FL 34239	
TITLE:	NAME:	2.1 TITLE: ALAN TOSINI	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS:	CITY-ST-ZIP:	2.2 NAME: VICE-PRESIDENT	
		2.3 STREET ADDRESS: 540 SABL PALM	
		2.4 CITY-ST-ZIP: BAY POINT MIAMI FL 33137	
TITLE:	NAME:	3.1 TITLE: SECRETARY - DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS:	CITY-ST-ZIP:	3.2 NAME: MARGARET R TOCHETTI	
		3.3 STREET ADDRESS: 5620 NW 45TH LANE	
		3.4 CITY-ST-ZIP: GAINESVILLE, FL 32608	
TITLE:	NAME:	4.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY-ST-ZIP:	4.2 NAME:	
		4.3 STREET ADDRESS:	
		4.4 CITY-ST-ZIP:	
TITLE:	NAME:	5.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY-ST-ZIP:	5.2 NAME:	
		5.3 STREET ADDRESS:	
		5.4 CITY-ST-ZIP:	
TITLE:	NAME:	6.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY-ST-ZIP:	6.2 NAME:	
		6.3 STREET ADDRESS:	
		6.4 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 an attachment with an address, with all other like empowered.

SIGNATURE: Larry A. Schmielau - PRESIDENT Date: 3/10/99 Daytime Phone #: 904-922-0356

CR2E034 (11/98)