

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Sep 09, 1999 8:00 am
Secretary of State

09-09-1999 90006 044 ***550.00

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DOCUMENT # **P98000088662**
Corporation Name
FEHERCHILD, INC.

Principal Place of Business
**608 EL MAR DRIVE
LAUDERDALE-BY-THE-SEA FL 33308**

Mailing Address
**4608 EL MAR DRIVE
LAUDERDALE-BY-THE-SEA FL 33308**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified
10/16/1998

Principal Place of Business	26. Mailing Address	4. FEI Number	Applied For
	26	65-0870013	Not Applicable
Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
	27		
City & State	28. City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
	28		
Zip	Country	29. Zip	Country
25		29	30
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

**MORRISON, RICHARD W
4875 NORTH FEDERAL HIGHWAY
10TH FLOOR
FORT LAUDERDALE FL 33308**

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	FL
85. Zip Code	

1. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	President + Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FEHER, EMIL	1.2 NAME	
STREET ADDRESS	4608 EL MAR DRIVE	1.3 STREET ADDRESS	
CITY-STATE-ZIP	LAUDERDALE-BY-THE-SEA FL 33308	1.4 CITY-STATE-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	Treasurer + Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FEHER, KAREN	2.2 NAME	
STREET ADDRESS	4608 EL MAR DRIVE	2.3 STREET ADDRESS	
CITY-STATE-ZIP	LAUDERDALE-BY-THE-SEA FL 33308	2.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-STATE-ZIP		3.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-STATE-ZIP		4.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-ZIP	

4. 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.

SIGNATURE:

SIGNATURE REQUIRED **KAREN Feher** **9/1/99** **(954)772-2488**

CR2E034 (5/99)