## 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

DOCUMENT # \$12002

(9)

FITZGERALD FAIRFIELD, INC.

FILED						
n						

Principal Place of Business	Place of Business Mailing Address			<u>-</u>   1   1001  010 FDF {  100   101   005   00  0   01   01  01  01  01  01  01	JIL DIÐIR BYÐR ÐIÐIF ÐIÐFF FÐÐI
1253 OLD OKEECHOBEE ROAD SUITE 8-4	P.O. BOX 3151 PALM BEACH FL 33460				
WEST PALM BEACH FL 33401				DO NOT WRITE IN THIS SPACE	
US				3. Date Incorporated or Qualified	
				11/08/1990	
2. Principal Place of Business	2a. Mailing Address			4. FEI Number	Applied For
21 811 DYER KD	26	. <u>.</u>		65-0226825	Not Applicable
Suite, Apt. #, etc.	Suite, Apt #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Regulred
23 West Palm Bch FL	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
	7 <sub>Ip</sub>	Country		8. This corporation owes or has paid the co	
Zip 33405 Country 25 US	29	30			Yes No
9. Name and Address of Curren		1001		10. Name and Address of New Registered	
FITZGERALD, ELIZABETH E.	- <u> </u>	81	Name		
19149 S.E. SEA TURTLE CT.					
UNIT 103		82	Street Addr	ress (F.O. Box Number is Not Acceptable)	
TEQUESTA FL 33469		83			
LEGUESIA PE 33409					
		84	City	Fi	85 Zip Code
11. Pursuant to the provisions of Sections 607.050.	2 and 607 1508 Florida Statu	tes the above-t	named corr		
office or registered agent, or both, in the State	of Florida, Such change was	authorized by the	he corporat	tion's board of directors. I hereby accept the ap	ppointment as registered
agent. I am familiar with, and accept the obliga	ations of, Section 607.0505, Fi	lorida Statutes			
SIGNATURE Signature, typed or profind name of registered ago	at most fat and applicables ANO	1t : Registered Agent	nionature requir	red when reinstating) DATE	
12. OFFICERS AND		13.	signature requir	ADDITIONS/CHANGES TO OFFICERS AN	JD DIRECTORS IN 12
TITLE P	DELETE	1.1 TITLE		A SOLITON OF THE STATE OF THE S	Change Addition
NAME WALKER, JULIE F.		1.2 NAME			
STREET ADDRESS 211 DYER RD		1.3 STREET AD	OORESS		
CITY-ST-ZIP W PALM BCH FL		1.4 CITY-ST-	1		
TITLE	DELETE 2.1 TITLE		<u></u>		Change Addition
NAME					
STREET ADDRESS		23 STREET AD	IDRESS		
CITY-ST-ZIP		2 4 CITY-SI-			l
TITLE	DELETE 3.1 TI				Change Addition
NAME		3.2 NAME			
STREET ADDRESS		3.3 S1REE1 AD	ODRESS		
CITY-ST-ZIP		3.4. CITY-S1-	7IP		
TITLE	DELETE 4.1 TITLE		-		Change Addition
NAME		4. 2 NAME	)		1
STREET ADDRESS		4.3 STREET AD	ODRESS		
CITY-ST-ZIP		4.4 CITY-ST-			
TITLE	DELETE 5.1 TITLE				Change Addition
NAME		5.2 NAME	1		
STREET ADDRESS		5.3 STREET AD	ODBESS		
CITY-ST-ZIP		54 CITY-ST-			
TITLE	DELETE	61 THTLE			Change Addition
NAME		6.2 NAME	[		
STREET ADDRESS		6.3 STREET AD	JUDEGG		
		•			
CITY-ST-ZIP	th this time door not qualify f	6.4 City-St-		Section 119.07(3)(i), Florida Statutes. I further of	certify that the information

indicated on this annual report or supplicmental 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 13 if changed, or on an attachment with an address.

Action of 11/alla

11-25-98 561-833-0229