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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90169 026 \*\*\*150.00

DOC	UMENT	. #	S32378
	CIVILLIAI	II	332310

1. Corporation Name

MAYFAIR INTERNATIONAL, INC.

Principal Place of Business Mailing Address					T CENTRAL FOR COME SINCE COME CONTRACT CONTRACT	Eff Offolf medal me	tit didti inni	
709 E COLONIA		709 E COLONIAL DA	}			}		
ORLANDO FL 32803			ORLANDO FL 32803					
us		US				DO NOT WRITE IN THIS	SPACE	
						3. Date Incorporated or Qualifed 02/18/1991		
2. Principal P	lace of Business	2a. Mailing Address	5	_		4. FEI Number	App	lied For
21		26				59-3050195	Not	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, et	ic.			5. Certificate of Status Desired  -	\$8.75 A	
22		27	27		Fee Required			
City & Stat	e .	City & State				6. Election Campaign Financing	\$5.00	
23		28				Trust Fund Contribution	Added to	Fees
Zip	Country	Zip		untry		8. This corporation owes the current year int		l
24	25	29	30	_		Personal Property Tax.		□No
	9. Name and Address of Cu	urrent Registered Agent		100		10. Name and Address of New Registered	Agent	
LIAL	IDTON DAVID I			81	Name			
HAMPTON, DAVID J. 709 E COLONIAL DR			82	Street Addr	ress (P.O. Box Number is Not Acceptable)			
	ANDO FL 32835			1				
URL	ANDO FL 32039			83				
				84	City	FL	85 Zip C	ode
office or a	to the provisions of Sections 607 registered agent, or both, in the S im familiar with, and accept the o	State of Florida. Such change	was authorize	d by t	the corporatio	oration submits this statement for the purpose of on's board of directors. I hereby accept the appoint	changing its introduced the changing its interest as reg	egistered istered
SIGNATURE								_ (
GIGINATORE	Signature, typed or printed name of registere	ed agent and title if applicable.	(NOTE: Registere	d Agent	signature require	d when reinstating) DATE		
12.		S AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AN		RS IN 12
TITLE	PTS	☐ DELI	TE 1.1 T	TTLE:			Change	☐ Addition
NAME	HAMPTON, DAVID J.			AME.	Ì			,
STREET ADDRESS	709 E COLONIAL DR		1.3 S	TREET	ADDRESS			
CITY-ST-ZIP	ORLANDO FL			ITY-ST	-ZIP		FT 05 - 222	□ Addition
TITLE		☐ DELI	TE 2.1 T	TTLE	-		Change	☐ Addition
NAME			2.2 N	IAME				
STREET ADDRESS	,		2.3 S	TREET	ADDRESS			
CITY-ST-ZIP	<u> </u>	· · · · · · · · · · · · · · · · · · ·		CITY-ST	r-zip	the second secon		
TITLE		☐ DELI	ETE 3.1 T	m.E			Change	☐ Addition
NAME			3.2 N	IAME				
STREET ADDRESS			3.3 S	TREET	ADORESS			
CITY-ST-ZIP	ì							
TITLE				CITY-ST	r-zip			A delition
NAME		☐ DELI			r-zip		☐ Change	Addition
NAME		☐ DELI	ETE 4.1 T		r-zip		☐ Change	Addition
STREET ADDRESS		□ DELI	ETE 4.1 T	TTLE NAME	ADORESS ADORESS		☐ Change	☐ Addition
!			4.1 T 4.21 4.3 S 4.4 C	TTLE NAME STREET CITY-ST	ADORESS			
STREET ADDRESS		□ DELI	4.1 T 4.2 I 4.3 S 4.4 C 5.1 T	TILE NAME STREET SITY-ST	ADORESS		Change	Addition
STREET ADDRESS CITY-ST-ZIP			4.11 4.21 4.39 440 ETE 5.11 5.2N	TTLE NAME STREET STY-ST TTLE IAME	ADORESS			
STREET ADDRESS CITY-ST-ZIP TITLE			4.11 4.21 4.38 4.40 ETE 5.11 5.2N 5.38	TTLE STREET STY-ST TTLE LAME	ADORESS - ZIP			
STREET ADDRESS CITY-ST-ZIP TITLE NAME		☐ DELI	4.11 4.21 4.35 4.40 ETE 5.11 5.2N 5.38	TTLE STREET CITY-ST TITLE LIAME STREET CITY-ST	ADORESS - ZIP		Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS			4.1T 4.21 4.3 4.4 6 5.1T 5.2 N 5.3 \$ 5.4 C ETE 6.1T	TTLE STREET STREET STREET STREET STREET STREET	ADORESS - ZIP			
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELI	4.1T 4.21 4.3 4.40 5.1T 5.2 M 5.3 \$ 5.40 ETE 6.1T 6.2 M	TILE NAME STREET CITY-ST TILE LAME STREET CITY-ST TILE LAME LAME LAME LAME LAME LAME LAME LA	ADORESS ZIP		Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		☐ DELI	4.1T 4.21 4.3 4.40 5.1T 5.2 M 5.3 \$ 5.40 ETE 6.1T 6.2 M	TILE NAME STREET CITY-ST TILE LAME STREET CITY-ST TILE LAME LAME LAME LAME LAME LAME LAME LA	ADORESS - ZIP		Change	☐ Addition

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 reviewer 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 addresse with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SUMING OFFICER OR DIRECTOR

19 April 99 407-896-665,

Daytime Phone #

DOE024 (44/09)