AMOUNT DUE UNLESS BEFORE 5/1/97: $550.00 (IF DISSOLVED/WITHDRAWN AMOUNT DUE IS NONREFUNDABLE $150.00)

PROFIT CORPORATION ANNUAL REPORT 1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 25 1997 8:00am
Secretary of State

DOCUMENT # S36387 (6)

1. Corporation Name

FAIRWAY BOCA, INC.

Principal Place of Business	Mailing Address
4000 HOLLYWOOD BLVD. SUITE 770-N HOLLYWOOD FL 33021	4000 HOLLYWOOD BLVD MANAGEMENT OFFICE HOLLYWOOD FL 33021 US

3. Date Incorporated or Qualified: 03/06/1991	3a. Date of Last Report: 06/20/96
4. FEI Number: 65-0254019	Applied For ☐ Not Applicable ☐
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business	2a. Mailing Address
21 777 South Flagler Dr.	26 1170 Peel Street
Suite, Apt. #, etc. 22 500, Phillips Point	Suite, Apt. #, etc. 27 800
City & State 23 West Palm Beach, Florida	City & State 28 Montreal, Quebec
Zip 24 33401 / Country 25 U.S.A.	Zip 29 H3B 4P2 / Country 30 Canada

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

31 Name

32 Street Address (P.O. Box Number Is Not Acceptable)

33

34 City FL 35 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	LUDICK, ARNOLD M.		1.2 NAME	LUDWICK, ARNOLD M.	
STREET ADDRESS	1170 PEEL STREET		1.3 STREET ADDRESS		
CITY-ST-ZIP	MONTREAL QU		1.4 CITY-ST-ZIP		
TITLE	EVD	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	PARSON, ANDREW J.		2.2 NAME	PARSONS, ANDREW J.	
STREET ADDRESS	1170 PEEL ST		2.3 STREET ADDRESS		
CITY-ST-ZIP	MONTREAL QU		2.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	DOYLE, RICHARD P.		3.2 NAME		
STREET ADDRESS	1170 PEEL ST		3.3 STREET ADDRESS		
CITY-ST-ZIP	MONTREAL QU		3.4 CITY-ST-ZIP		
TITLE	AS	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	ABRAMS, R. J		4.2 NAME		
STREET ADDRESS	5 PLACE VILLE MARIE		4.3 STREET ADDRESS		
CITY-ST-ZIP	MONTREAL QU		4.4 CITY-ST-ZIP		
TITLE	SVD	☒ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	LOU, GERALD E.		5.2 NAME		
STREET ADDRESS	4000 HOLLYWOOD BLVD		5.3 STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD FL		5.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	COURTNELL, PAUL		6.2 NAME		
STREET ADDRESS	777 SOUTH FLAGLER DR., STE 500E		6.3 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL		6.4 CITY-ST-ZIP		

PW 4-25-97

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***165.00

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: R.P. Doyle April 23, 1997
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0024931 CP