

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # S58522 (1)**

1. Corporation Name

**FAIRFOX FARMS, INC.**



Principal Place of Business

Mailing Address

**17201 ORANGE GROVE BLVD  
LOXAHATCHEE FL 33470  
US**

**17201 ORANGE GROVE BLVD  
LOXAHATCHEE FL 33470  
US**

2. Principal Place of Business		2a. Mailing Address	
21	17117 Orange Grove Blvd	26	17117 Orange Grove Blvd
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.
23	Loxahatchee FL	28	Loxahatchee FL
24	Zip 33470	29	Zip 33470
25	Country US	30	Country US

3. Date Incorporated or Qualified	3a. Date of Last Report
06/06/1991	03/24/1995
4. FEI Number	Applied For
65-0264005	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**FRATE, ANDREA J.  
17201 ORANGE GROVE BLVD  
LOXAHATCHEE FL 33470**

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

**FL**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSTO	1.1 TITLE	PSTO
NAME	FRATE, ANDREA J.	1.2 NAME	FRATE, ANDREA J.
STREET ADDRESS	17201 ORANGE GROVE BLVD	1.3 STREET ADDRESS	17117 Orange Grove Blvd.
CITY-ST-ZIP	LOXAHATCHEE FL	1.4 CITY-ST-ZIP	Loxahatchee, FL. 33470
TITLE	EVP	2.1 TITLE	EVP
NAME	FRATE, MARK	2.2 NAME	FRATE, MARK
STREET ADDRESS	17201 ORANGE GROVE BLVD	2.3 STREET ADDRESS	17117 Orange Grove Blvd.
CITY-ST-ZIP	LOXAHATCHEE FL	2.4 CITY-ST-ZIP	Loxahatchee, FL. 33470
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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)(k), 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:** *Andrea J. Frate* **Andrea J. Frate** **4-20-96** **407-295-7790**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)