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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V43497

(9)

FAHRFIELD ENTERPRISES, INC.

Mailing Address Principal Place of Business 408 S. OXALIS AVENUE 408 S. OXALIS AVENUE ORLANDO FL 32807-4855 ORLANDO FL 32807 3. Date Incorporated or Qualified 3a. Date of Last Report 06/11/1992 12/04/1996 2. Principal Pace of Business 2a. Mailing Address 4. FEI Number Applied For 59-3130097 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Country Country Zip 8. This corporation has liability for intangible tax under s. 199.032, Yes No 30 Florida Statutes 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name FAHR, JACQUELINE D. 408 S. OXALIS AVENUE Street Address (P.O. Box Number is Not Acceptable) ORLANDO FL 32807 83 84 City Zip Code 85 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 (NOTE: Registered Agent alignature required when reinstating) Signature, typied or printed name of registered agent and title if applicable OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 12. DELETE Change Addition 1.1 TITLE TITLE FAHR, JACQUELINE 1.2 NAME NAME **408 S OXALIS AVENUE** 13 STREET ADDRESS STREET ADDRESS ORLANDO FL 32807 Q11Y - ST - ZIF 14 CITY-ST-ZIP DELETE Change Addition 21 TITLE TITLE NAME 22 NAME 23 STREET ADDRESS STREET ADDRESS 2 4 CITY-ST-ZIP CITY-\$1-ZIF DELETE Change Addition 31 TITLE TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-26P Change Addition DELETE 417ITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CHY-SI-ZP Change Addition DELETE 5.1 TITLE TITLE 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY-S1-769 DELETE Addition 6.1 TITLE THILE

> 6.2 NAME 6.3 STREET ADDRESS

6.4 CITY - ST - ZIP 14. I do 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

SIGNATURE:

appears in Block 12 or Bloc

STREET ADDRESS

**FILED** 

May 12 1997 8:00am

Secretary of State

one # 0000663