

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **V49824**

1. Corporation Name

FAIRMONT RE-BAR FABRICATORS, INC.

Principal Place of Business

**317 N.E. 71ST STREET
MIAMI FL 33138**

Mailing Address

**C/O FRED K. LICKSTEIN, ESQUIRE
100 S.E. 2ND STREET, 17TH FLOOR
MIAMI FL 33131
US**

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**LICKSTEIN, FRED K
100 S.E. 2ND STREET, 17TH FLOOR
MIAMI FL 33131**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/10/1992

4. FEI Number

65-0346587

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 owes the current year
Intangible Personal Property ☐ Yes ☐ No

10. Name and Address of New Registered Agent

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

TITLE **PD** ☐ DELETE

NAME **ANDERSON, NORMAN**

STREET ADDRESS **317 N.E. 71ST STREET**

CITY-STATE-ZIP **MIAMI FL 33138**

TITLE **V** ☐ DELETE

NAME **WILLARD, NEIL**

STREET ADDRESS **317 N.E. 71ST STREET**

CITY-STATE-ZIP **MIAMI FL 33138**

TITLE **V** ☐ DELETE

NAME **SMITH JR, KENNETH M**

STREET ADDRESS **317 N.E. 71ST STREET**

CITY-STATE-ZIP **MIAMI FL 33138**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

23 AUG 12 AM 8:00

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA



CR2E034 (5/99)

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**ALVIN LLOYD BROWN, RECEIVER FOR
FAIRMONT RE-BAR FABRICATORS, INC., FAIRMONT RE-BAR
1001 BRICKELL BAY DRIVE, 9TH FL
MIAMI, FLORIDA 33131
1 800 239-1474/(305) 373-5500**

August 3, 1999

Katherine Harris
Secretary of State
Division of Corporations
POB 1500
Tallahassee, FL 32302-1500

FAIRMONT RE-BAR FABRICATORS, INC.
ANNUAL REPORT 1999
DOCUMENT # V49824

Ms. Harris, enclosed find the above captioned Annual Report together with my check in the amount of \$150. In addition, I am enclosing the Circuit Court's appointment of me as Receiver for the above captioned corporation.

We have been trying to ascertain which forms have yet to be filed by the officers and/or directors of Fairmont. Obviously, this is one of them.

I respectfully request that, due to the Receivership, your office accepts the enclosed check in full payment of the Annual Report and waive any penalties associated therewith.

Thank you for your kind attention and assistance.


ALVIN LLOYD BROWN, RECEIVER
FAIRMONT RE-BAR FABRICATORS, INC.