

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

CORPORATION
ANNUAL REPORT
1995



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

*APPROVED
AND
FILED*

95 MAY - 1 AM 5:40

*SECRETARY OF STATE
TALLAHASSEE, FLORIDA*

DOCUMENT # V71088

(1)

1. Corporation Name

FAIRFAX SOUTH, INC.

Principal Place of Business

8466 N. LOCKWOOD RIDGE ROAD
SUITE 300
SARASOTA FL 34243

Mailing Address

8466 N. LOCKWOOD RIDGE ROAD
SUITE 300
SARASOTA FL 34243

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 3a. Date of Last Report
10/14/1992 **05/01/1994**

4. FEI Number Applied For
65-0370170 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional
Fee Required

6. Election Campaign Financing **\$5.00** May Be
Trust Fund Contribution Added to Fees

7. This corporation has liability for intangible tax under § 199.032
Florida Statutes Yes No

9. Name and Address of Current Registered Agent

**DESENBERG, TREY
8466 N. LOCKWOOD RIDGE ROAD
SUITE 300
SARASOTA FL 34243**

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

11. Pursuant to the provisions of Sections 607.0702 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 provisions of, Section 607.0505, Florida Statutes.

SIGNATURE

Trey Dosenberg

Attest: I, the undersigned, do hereby attest that the information contained in this document is true and accurate to the best of my knowledge and belief.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
101	D DOSENBERG, TREY 8466 N LOCKWOOD RIDGE RD SARASOTA FL	11 NAME 12 NAME 13 STREET ADDRESS 14 CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
102		21 NAME 22 NAME 23 STREET ADDRESS 24 CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
103		31 NAME 32 NAME 33 STREET ADDRESS 34 CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
104		41 NAME 42 NAME 43 STREET ADDRESS 44 CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
105		51 NAME 52 NAME 53 STREET ADDRESS 54 CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
106		61 NAME 62 NAME 63 STREET ADDRESS 64 CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 110.07(3)(b), 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 its successor 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:

Trey Dosenberg

BIGATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/95

813-727-7000
May 1, 1995