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

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V73081

(4)

Mailing Address

FAYETTEVILLE REALTY CO., INC.

FILED
Jan 28 1997 8:00am
Secretary of State

1 (0 fi) \$110 (1 \0 fe)	L THER CHAR BINN BINN BINN GURL TORK 186

5053 SUFFOLK	4 GEORGE HILLMAN % GEORGE HILLMAN 1053 SUFFOLK DR 5053 SUFFOLK DR 100CA RATON FL 33496 BOCA RATON FL 33496-1654									
						3. Date incorporated or Qualified 10/21/1992	3a. Date of Le 01/23/19		port	
2. Principal Pla	ace of Business	2a. Mailing Address	•			4. FEI Number	T	App	lied For	
21 6 63 5	illak b	26 SZME				65-0369309		Not	Applicable	
21 % 63 5/ fo k .D/ 26 52 me Suite, Apt. #, etc. 27 3 m e					5. Certificate of Status Desired		\$8.75 Additional Fee Required			
City & State City & State 23 Bock Ration F 28 Same					6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees					
Zip 24 33496	Zip Country Zip Country					8. This corporation has liability for intengible tax under s. 199.032, Florida Statutes				
	9. Name and Address of Current	Registered Agent				10. Name and Address of New Res	jistered Agent			
CAP	PITAL CONNECTION, INC.		8	81 Name						
417 E VIRGINIA ST SUITE 1			8	2 Stre	treet Address (P.O. Box Number is Not Acceptable)					
	LAHASSEE FL 32301		8	3						
· ·			8	City			FL ⁶⁵	Zip Co	ode	
office or re	to the provisions of Sections 607.050; egistored agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was	authorized I	ov the c	ed corporati	oration submits this statement for the p on's board of directors. I hereby accep	urpose of chang t the appointme	ing its	registered egistered	
SIGNATURE										
	Signature, typed or printed name of registered agor			gent signa	ture require	ed when reinstating)	DATE	×	11110	
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFIC	EHS AND DIREC		Addition	
TITLE	P	☐ DELETE	1.1 TITLE				L VIX	niñe.	L AUGILION	
NAME	HILLMAN, GEORGE		1.2 NAM							
STREET ADORESS				ET ADDRES	is					
CITY-ST-ZIP	BOCA RATON FL 33491		1.4 CITY		<u> </u>				T Addition	
TITLE	ST	☐ DELETE	2.1 TITLE				L UN	ange	Addition	
NAME	AME HILLMAN, SELMA TREET ADDRESS SUFFOLK DR 5053 SUFFOLK DV 238			2.2 NAME						
STREET ADDRESS	DRESS SUFFOLK DR 5093 3010 IK DV 23S			et addres	SS					
CITY-ST-ZIP	BOCA RATON FL 33496 241			-ST-ZIP						
TITLE		☐ DELETE	31 TITLE				☐ Ch	auõe	Addition	
NAME			3.2 NAM	E		•				
STREET ADDRESS			3 3 STRE	ET ADDRES	SS .					
CITY-ST-7IP			3.4. C(T)	-ST-ZIP				.,	,	
TITLE		☐ DELETE	4.1 TITLE		-		☐ Ch	ange	Addition	
NAME			4. 2 NAN	ΙE	ı					
STREET ADDRESS			4.3 STRE	et adore	SS					
CITY - ST - ZIF			4.4 CITY	- ST- ZIP						
TOLE		DELETE	5.1 TITU				Ch	age	☐ Addition	
NAME			5.2 NAM	E						
STREET ADDRESS			5.3 STRE	ET ADDRE	ss					
CITY - ST - ZIP			5.4 City	-ST-ZIP						
TITLE		DELETE	6.1 TiTLI				☐ Ch	ange	Addition	
NAME			6.2 NAM	E		•				
STREET ADDRESS			6.3 STR	ET ADDRE	ss				İ	
CITY - ST - ZIP			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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DI

Lanvary 7, 1997 (561) 998-935=