

23953-1788 AC
FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
 ANNUAL REPORT
 1995



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

APPROVED
 AND
 FILED

95 MAR -3 AM 8:29

DOCUMENT # **M87052** (0)

1. Corporation Name
FAIRWAY DESIGN INTERNATIONAL, INC.

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
C/O SCOTT D. ITTERSAGEN **C/O SCOTT D. ITTERSAGEN**
1861 PLACIDA ROAD, STE. 104 **1861 PLACIDA ROAD, STE. 104**
ENGLEWOOD FL 34223-4957 **ENGLEWOOD FL 34223-4957**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 2a. Mailing Address
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
 22 City & State 27 City & State
 23 Zip Country 28 Zip Country
 24 25 29 30

3. Date Incorporated or Qualified 3a. Date of Last Report
06/27/1988 **03/01/1994**
 4. FEI Number Applied For
59-2934307 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 has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
ITTERSAGEN, SCOTT D.
1861 PLACIDA ROAD
SUITE 104
ENGLEWOOD FL 34223

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City FL 85 Zip Code

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 _____ DATE _____
(Signature, typed or printed name of registered agent and the date of signature) (NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	SMYERS, STEVEN R.
STREET ADDRESS	4375 CREEK WOOD LANE
CITY, ST, ZIP	MULBERRY FL
TITLE	S
NAME	SMYERS, SHERRIN
STREET ADDRESS	4375 CREEK WOODS LANE
CITY, ST, ZIP	MULBERRY FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST- ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST- ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST- ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST- ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST- ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST- ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and checked carefully for the correctness stated in Section 110.07(3)(a), Florida Statutes. I further certify that the information made available on this annual report or supplemental annual report is true and accurate and that my resignation 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 on Block 12 of Block 13 of changed, or on an attachment with an address.

SIGNATURE: **Sherrin Smyers** 2/22/95 (813)667-3817
(Signature and typed or printed name of signing officer or director) (Date) (Telephone Number)