



**2019 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION**

219166042--11/25/2019

219166042



- 1. CORPORATION NAME:
FaxFair '93 Corp. DUE DATE: 12/31/19
- 2. VA REGISTERED AGENT NAME AND OFFICE ADDRESS: ENTITY SCC ID NO.: F115809-8
PETER LAWRENCE OF VIRGINIA, INC.
11440 ISAAC NEWTON SQ N STE 208
RESTON, VA 20190
- 3. CITY OR COUNTY OF VA REGISTERED OFFICE:
129-FAIRFAX COUNTY
- 4. STATE OR COUNTRY OF INCORPORATION:
DE-DELAWARE
- 5. TOTAL NUMBER OF AUTHORIZED SHARES: 1,000

DO NOT ATTEMPT TO ALTER THE INFORMATION ABOVE. Carefully read the enclosed instructions. Type or print in black only.

6. PRINCIPAL OFFICE ADDRESS:

<input type="checkbox"/> Mark this box if address shown below is correct	If the block to the left is blank or contains incorrect data please add or correct the address below.
ADDRESS: 11440 ISAAC NEWTON SQUARE N SUITE 208 CITY/ST/ZIP RESTON, VA 20190	ADDRESS: <i>11425 Isaac Newton Square South, Suite F-1</i> CITY/ST/ZIP <i>Reston, Virginia 20190</i>

7. DIRECTORS AND PRINCIPAL OFFICERS:

All directors and principal officers must be listed.
An individual may be designated as both a director and an officer.

Mark appropriate box unless area below is blank: <input type="checkbox"/> Information is correct <input type="checkbox"/> Information is incorrect <input type="checkbox"/> Delete information	If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: <input type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement
OFFICER <input type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/>
NAME: KRISTOPHER M HOOVER TITLE: PRESIDENT ADDRESS: 4710 EISENHOWER BOULEVARD SUITE C-1 CITY/ST/ZIP: TAMPA, FL 33634	NAME: TITLE: ADDRESS: CITY/ST/ZIP:



I affirm that the information contained in this report is accurate and complete as of the date below.

 SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	<i>Kristopher M. Hoover</i> PRINTED NAME AND CORPORATE TITLE	<i>11/15/19</i> DATE
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It is a Class 1 misdemeanor for any person to sign a document that is false in any material respect with intent that the document be delivered to the Commission for filing.

CORPORATION NAME:
FaxFair '93 Corp.

DUE DATE: 12/31/19
SCC ID NO.: F115809-8

7. DIRECTORS AND PRINCIPAL OFFICERS: (continued)

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An individual may be designated as both a director and an officer.

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<p>OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p> <p>NAME: ALLAN ABRAMS TITLE: CHAIRMAN ADDRESS: 4710 EISENHOWER BLVD. CITY/ST/ZIP: TAMPA, FL 33634</p>	<p>OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME: TITLE: ADDRESS: CITY/ST/ZIP:</p>
<p>Mark appropriate box unless area below is blank: <input type="checkbox"/> Information is correct <input type="checkbox"/> Information is incorrect <input type="checkbox"/> Delete information</p>	<p>If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: <input type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement</p>
<p>OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p> <p>NAME: ELAINE ABRAMS TITLE: OFFCR ADDRESS: 4710 EISENHOWER BLVD. CITY/ST/ZIP: TAMPA, FL 33634</p>	<p>OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME: TITLE: ADDRESS: CITY/ST/ZIP:</p>
<p>Mark appropriate box unless area below is blank: <input type="checkbox"/> Information is correct <input type="checkbox"/> Information is incorrect <input type="checkbox"/> Delete information</p>	<p>If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: <input type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement</p>
<p>OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME: TITLE: ADDRESS: CITY/ST/ZIP:</p>	<p>OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME: TITLE: ADDRESS: CITY/ST/ZIP:</p>
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<p>OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME: TITLE: ADDRESS: CITY/ST/ZIP:</p>	<p>OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME: TITLE: ADDRESS: CITY/ST/ZIP:</p>

