

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

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Jun 18 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 537151 (3)
1. Corporation Name
FABEN, INC.

Principal Place of Business Mailing Address
1343 MAIN ST BOX 3133
401 SARASOTA FL 34236
US SARASOTA FL 34230-3133
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 1938 ADAMS LANE		26 BOX 3133		06/08/1977		05/01/1996	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number		Applied For	
23 SARASOTA FL		28 SARASOTA FL		59-1747156		Not Applicable	
24 34236		29 34230		5. Certificate of Status Desired		8.75 Additional Fee Required	
25 Country		30 Country		6. Election Campaign Financing		5.00 May Be Added to Fees	
				Trust Fund Contribution			
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		Yes No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
BENNETT, FRED A. 770 S. PALM #401 SARASOTA FL 34236				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 *Fred Bennett*
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	DELETE		1.1 TITLE	Change Addition		
NAME	BENNETT, FRED A.			1.2 NAME			
STREET ADDRESS	770 S. PALM			1.3 STREET ADDRESS			
CITY-ST-ZIP	SARASOTA, FL 34236			1.4 CITY-ST-ZIP			
TITLE	D	DELETE		2.1 TITLE	Change Addition		
NAME	BENNETT, MARGARET H.			2.2 NAME			
STREET ADDRESS	770 S. PALM			2.3 STREET ADDRESS			
CITY-ST-ZIP	SARASOTA, FL 34236			2.4 CITY-ST-ZIP			
TITLE		DELETE		3.1 TITLE	Change Addition		
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE		DELETE		4.1 TITLE	Change Addition		
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		DELETE		5.1 TITLE	Change Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		DELETE		6.1 TITLE	Change Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
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 *Fred Bennett* *Margaret H. Bennett* *946-955-9000*

CR2E034 (9/96)