

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)**

**APPROVED
AND
FILED**

97 JUL 18 AM 9:37

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 849633 (3)

1. Corporation Name
FABCO-AIR, INC.

Principal Place of Business 3716 NE 49TH ROAD GAINESVILLE FL 32609	Mailing Address 3716 NE 49TH ROAD GAINESVILLE FL 32609
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DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified 07/06/1981	3a. Date of Last Report 01/26/1996
4. FEI Number 59-2118021	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	V	<input type="checkbox"/> DELETE
NAME	SCHMIDT, WILLIAM R	
STREET ADDRESS	3716 NE 49TH RD	
CITY-ST-ZIP	GAINESVILLE, FL 0	
TITLE	D	<input type="checkbox"/> DELETE
NAME	STUBBS, MICHAEL B	
STREET ADDRESS	345 PARK AVE., 23RD FL.	
CITY-ST-ZIP	NEW YORK, NY 0	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MARKS, PIERCE JR.	
STREET ADDRESS	133 PEACHTREE ST., #4710	
CITY-ST-ZIP	ATLANTA, GA 0	
TITLE	P	<input type="checkbox"/> DELETE
NAME	SCHMIDT, ALFRED W	
STREET ADDRESS	3716 NE 49TH RD	
CITY-ST-ZIP	GAINESVILLE, FL 0	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	EDWARDS, WARD	
STREET ADDRESS	133 PEACHTREE ST., #4710	
CITY-ST-ZIP	ATLANTA, GA 0	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RILEY, WILLIAM	
STREET ADDRESS	745 5 AVE #1803	
CITY-ST-ZIP	NEW YORK, NY 0	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	800002245876--2
3.3 STREET ADDRESS	-07/23/97--01125--011
3.4 CITY-ST-ZIP	****165.00 ****165.00
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	7/22
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 _____ (352) _____

CR2E034 (4/97)