

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

FILED
Jan 21 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		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

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

3. Date Incorporated or Qualified
07/06/1981

4. FEI Number
59-2118021

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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 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)

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
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
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
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

133 PEACHTREE ST #4810

133 PEACHTREE ST #4810

**590 MADISON AVE 26TH FLOOR
 NEW YORK, NY 10022**

14. I 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 in an attachment with an address.

SIGNATURE _____

CR2E034 (10/97)