

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

FILED

**Apr 29 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F66477 (3)

1. Corporation Name
FAHDEV, INC.



Principal Place of Business % ABBEY MANAGEMENT, INC. 4040 SOUTHWEST FRWY #535 HOUSTON TX 77058	Mailing Address % ABBEY MANAGEMENT, INC. 4040 SOUTHWEST FRWY #535 HOUSTON TX 77058
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2. Principal Place of Business 21 18100 UPPER BAY ROAD. Suite, Apt. #, etc. SUITE A City & State HOUSTON, TX Zip 77058 Country USA	2a. Mailing Address 26 18100 UPPER BAY ROAD Suite, Apt. #, etc. SUITE A City & State HOUSTON, TX Zip 77058 Country USA
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3. Date Incorporated or Qualified 02/09/1982	3a. Date of Last Report 04/16/1996
4. FEI Number 76-0121381	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" 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 has liability for intangible tax under s. 199.032, Florida Statutes <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	P	<input type="checkbox"/> DELETE
NAME	SEMIAO, J. K	
STREET ADDRESS	4040 SOUTHWEST FRWY. #535	
CITY-ST-ZIP	HOUSTON TX	
TITLE	S	<input type="checkbox"/> DELETE
NAME	SEMIAO, J. K	
STREET ADDRESS	4040 SOUTHWEST FRWY #535	
CITY-ST-ZIP	HOUSTON TX	
TITLE	T	<input type="checkbox"/> DELETE
NAME	HUDGINS, G. K	
STREET ADDRESS	4040 SOUTHWEST FRWY. #535	
CITY-ST-ZIP	HOUSTON TX	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SEMIAO, J. KIM	
STREET ADDRESS	4040 SOUTHWEST FRWY #535	
CITY-ST-ZIP	HOUSTON TX	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HUDGINS, G. K	
STREET ADDRESS	4040 SOUTHWEST FRWY. #535	
CITY-ST-ZIP	HOUSTON TX	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SEMIAO, J. K	
1.3 STREET ADDRESS	18100 UPPER BAY ROAD, SUITE A	
1.4 CITY-ST-ZIP	HOUSTON, TEXAS 77058	
2.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	SEMIAO, J. K	
2.3 STREET ADDRESS	18100 UPPER BAY ROAD, SUITE A	
2.4 CITY-ST-ZIP	HOUSTON, TEXAS 77058	
3.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	HUDGINS, G. K	
3.3 STREET ADDRESS	18100 UPPER BAY ROAD, SUITE A	
3.4 CITY-ST-ZIP	HOUSTON, TEXAS 77058	
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	SEMIAO, J. K	
4.3 STREET ADDRESS	18100 UPPER BAY ROAD, SUITE A	
4.4 CITY-ST-ZIP	HOUSTON, TEXAS 77058	
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	HUDGINS, G. K	
5.3 STREET ADDRESS	18100 UPPER BAY ROAD, SUITE A	
5.4 CITY-ST-ZIP	HOUSTON, TEXAS 77058	
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 in an attachment with an address.

SIGNATURE: _____ **4.27.97 781 333 2012**

CR2E034 (9/96)