

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **K62371** (5)
1. Corporation Name
FABEC/YOUNG & COMPANY



Principal Place of Business: C/O JOAN FABEC, 4360 GULFSHORE BLVD. N., STE. 604, NAPLES FL 33940, US
Mailing Address: C/O JOAN FABEC, 4360 GULFSHORE BLVD., N., #604, NAPLES FL 33940, US

3. Date Incorporated or Qualified: 01/23/1989
3a. Date of Last Report: 06/14/1995

21	2. Principal Place of Business	2a	Mailing Address	4.	FBI Number	Applied For
	Suite, Apt. #, etc.		Suite, Apt. #, etc.		65-0106700	Not Applicable
22	City & State	27	City & State	5.	Certificate of Status Desired	\$8.75 Additional Fee Required
	Zip	28	Zip		<input type="checkbox"/>	
23	Country	29	Country	6.	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
		30			<input type="checkbox"/>	
24				8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
FABEC, JOAN 4360 GULFSHORE BLVD., N #604 NAPLES FL 33940				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DV	<input type="checkbox"/> DELETE		1.1	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FABEC, JOAN			1.2	NAME		
STREET ADDRESS	520 SECOND AVE. NO.			1.3	STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL			1.4	CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE		2.1	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	YOUNG, SUZANNE			2.2	NAME		
STREET ADDRESS	520 SECOND AVE. NO.			2.3	STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL			2.4	CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE		3.1	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				3.2	NAME		
STREET ADDRESS				3.3	STREET ADDRESS		
CITY-ST-ZIP				3.4	CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE		4.1	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				4.2	NAME		
STREET ADDRESS				4.3	STREET ADDRESS		
CITY-ST-ZIP				4.4	CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE		5.1	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				5.2	NAME		
STREET ADDRESS				5.3	STREET ADDRESS		
CITY-ST-ZIP				5.4	CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE		6.1	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Joan Fabec* 4/23/96 941-649-5501
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #