

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 19 AM 8:59

DOCUMENT # **L51135 (6)**

1. Corporation Name
FABEL ENTERPRISES, INC.

Principal Place of Business: **% EDWARD A. STRACHAN 5385 DRAKE LANE MILTON FL 32570**
Mailing Address: **% EDWARD A. STRACHAN 5385 DRAKE LANE MILTON FL 32570**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 02/14/1990	3a. Date of Last Report 01/25/1994
4. FEI Number 59-2992099	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 Contributor: <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 190.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent STRACHAN, EDWARD A. 5385 DRAKE LANE MILTON FL FL 32570		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 607.0507 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 _____
Signature, typed or printed name of registered agent and his/her address: _____
Title: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS (If 12)	
TITLE	PST STRACHAN, EDWARD A. 5385 DRAKE LANE MILTON FL	11. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		12. NAME	
STREET ADDRESS		13. STREET ADDRESS	
CITY-ST-ZIP		14. CITY-ST-ZIP	
TITLE	VC PRESTON, JOHN FOSTER 5312 HAMILTON BRIDGE RD. MILTON FL	21. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		22. NAME	
STREET ADDRESS		23. STREET ADDRESS	
CITY-ST-ZIP		24. CITY-ST-ZIP	
TITLE	D PRESTON, BETTY L. 5312 HAMILTON BRIDGE RD. MILTON FL	31. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32. NAME	
STREET ADDRESS		33. STREET ADDRESS	
CITY-ST-ZIP		34. CITY-ST-ZIP	
TITLE	D STRACHAN, ELIZABETH B. 5385 DRAKE LANE MILTON FL	41. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42. NAME	
STREET ADDRESS		43. STREET ADDRESS	
CITY-ST-ZIP		44. CITY-ST-ZIP	
TITLE	D JORDAN, A BRIAN 1100 MONICETO BLVD MILTON FL	51. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY-ST-ZIP		54. CITY-ST-ZIP	
TITLE		61. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY-ST-ZIP		64. CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is true and correct, and that I am an officer or director of the corporation or the person or persons empowered to make the report as required by Chapter 607, Florida Statutes, and that any change appears in Block 12 or Block 13 if changed, or any addition with an address.

SIGNATURE: *Edward A. Strachan*
DIRECTOR AND REGISTERED AGENT OF THE CORPORATION OFFICE OF DIRECTOR