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

PROFIT CORPORATION ANNUAL REPORT



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

1996

1. Corporation Name

DOCUMENT #

L51135

(6)

FABEL ENTERPRISES, INC.			
	FARFI	ENTERPRICES	INC

Principal Place	of Burinese	Mailing Address				
Principal Place of Business * EDWARD A. STRACHAN 5385 DRAKE LANE MILTON FL 32570		S EDWARD A. STRA 5385 DRAKE LANE MILTON FL 32570	CHAN	.,		
MICTOR PE 32				 Date Incorporated or Qualifie 02/14/1990 		e of Last Report 01/18/1995
2. Principa' Pia	ice of Business	2a. Mailing Address		4. FEI Number	·····	Applied For
21]		26		59-2992099		Not Applicable
Suite, Apt. # 22		Suite, Apt. #, etc.		5. Certificate of Status Desired	鼠	\$8.75 Additional Fee Required
Orty & State		City & State		 Election Campaign Financing Trust Fund Contribution 		\$5.00 May Be Added to Fees
Ζη · 24	Gountry 25	Zip 29	Country 30	8. This corporation has liability to Florida Statutes	for intangible t	·
	9. Name and Address of Current			10. Name and Address of Nev		Agent
		The second secon	81 Name			
	HAN, EDWARD A. RAKE LANE		82 Street Add	dress (P.O. Box Number is Not Accep	table)	
	FL FL 32570		83			
			84 City			85 Zip Code
44 Designable	a the providence of Contage COZ OFFICE				FL	_ } '
OF registers	o the provisions of Sections 607.0502 ed agent, or both, in the State of Florid	ia. Such change was authori.	ed by the corporation's boa	pration submits this statement for the ard of directors. I hereby accept the a	purpose of chi ppointment as	anging its registered offic s registered agent. I am
farmnar Witi	h, and accept the obligations of, Section	on 607.0505, Florida Statute	\$.			-
SIGNATURE _	Styriating it; rection perited name of registered agent a	and the flaoolication (N	DTE. Registered Agent signature requir	and use an equation in	DATE	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO C		DIRECTORS IN 12
TIFLE	PST	DELETE	1. 1 TITLE			Change Addition
NAME	STRACHAN, EDWARD A.		1.2 NAME		,	_ ,
STREET ADDRESS	5385 DRAKE LANE		1.3 STREET ADDRESS			
CHY ST Z-P	MILTON FL		1.4 CITY - ST - ZIP			
THE	VC	DELETE	2 1 TITLE			Change Addition
NAME:	PRESTON, JOHN FOSTER		2.2 NAME			_ , , _
STREET ADDRESS	5312 HAMILTON BRIDGE RD		2 3 STREET ADDRESS			
0/1Y-\$1-ZIP	MILTON FL		24 CITY-ST-ZIP			
300	D	DELETE	3 1 TITLE			Change Addition
NAM:	PRESTON, BETTY L.		32 NAME		•	
STREET ADDRESS	5312 HAMILTON BRIDGE RD	•	3.3 STREET ADDRESS			
CHY ST-ZIP	MILTON FL		3.4 C(TY - ST - ZIP			
THUE	D	☐ DELETE	4 1 TiTLE			Change Addition
NAME	STRACHAN, ELIZABETH B.		4 2 NAME			
STREET ADDRESS	5385 DRAKE LANE		4 3 STREET ADDRESS			
CUY SE ZIP	MILTON FL		4 4 CITY - ST - ZIF			
TIBLE	D	🔀 DELETE	5 1 TITLE		ï	Change Addition
NAME	Jordan, a Brian		5 2 NAME			
S REET ADDRESS	1100 MONICETO BLVD		5.3 STREET ADDRESS			
City-St zir	MILTON FL		5.4 CITY-ST-ZIP			
TITLE		☐ DELETE	6 1 TITLE			Change Addition
NAMI			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CCEY+ST-ZIE			6 4 CITY-ST-ZIP			

14. Ide 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 chariged, or on an attachment with an address.

SIGNATURE:

SIGNATURE:

SIGNATURE and TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date:

Dat

26 JAN 1996 909 6236537