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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(6)

FABEL ENTERPRISES, INC.

MILTON FL FL 32570

Principal Place of Rusiness

Mailing Address

**FILED** 

Jan 21 1998 8:00am

Secretary of State

Third part add of Dediction		maning maareso					
% EDWARD A 5385 DRAKE MILTON FL 3		% EDWARD A. S' 5385 DRAKE LAN MILTON FL 32570	E		DO NOT WRIT	E IN THIS	S SPACE
					<ol> <li>Date Incorporated or Qualified 02/14/1990</li> </ol>		
2. Principal Place of Business		2a. Mailing Addre	2a. Mailing Address		4. FEI Number		Applied For
21		26			59-2992099		Not Applicable
Suite, Apf. #, etc.		Suite, Apt. #, 6	Suite, Apt. #, etc.		5. Certificate of Status Desired	IXI.	\$8.75 Additional Fee Required
City & State		City & State	<b>─</b>		6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees
Zip 24	Country 25	Zlp <b>29</b>	Country 30		8. This corporation owes or has p Personal Property Tax due Jun		urrent year Intangible
Name and Address of Current Registered Agent					10. Name and Address of New R	legistere	d Agent
STRACHAN, EDWARD A.			81	Name			
5385 DRAKE LANE			92	Stroot Addros	os /B.O. Boy Number is Not Assests	abia)	

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

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City

office or r agent. I a	egistered agent, or both, in the State of Florid m familiar with, and accept the obligations of,	a. Such change was a Section 607.0505, Flo	uthorized by the corporation of	ation's board of directors. I hereby accept the appointment as registered
SIGNATURE				
	Signature, typed or printed name of registered agent and title it	f applicable, (NOTE	: Registered Agent signature req	uired when reinstating) DATE
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PST	DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	STRACHAN, EDWARD A.		1.2 NAME	
STREET ADDRESS	5385 DRAKE LANE		1.3 STREET ADDRESS	
CITY-ST-ZIP	MILTON FL		1.4 CITY-ST-ZIP	
TITLE	VC	☐ DELETE	2.1 TITLE	Change Addition
NAME	Preston, John Foster		22 NAME	
STREET ADDRESS	5312 HAMILTON BRIDGE RD.		2.3 STREET ADDRESS	
CITY-ST-ZIP	MILTON FL		2. 4 CITY-ST-ZIP	
TITLE	D	DELETE	3.1 TITLE	Change Addition
NAME	PRESTON, BETTY L.		3.2 NAME	
STREET ADDRESS	5312 HAMILTON BRIDGE RD.		3.3 STREET ADDRESS	
CITY-ST-ZIP	MILTON FL		3.4, CITY-ST-ZIP	
TITLE	Ð	DELETE	4.1 TITLE	Change Addition
NAME	Strachan, Elizabeth B.		4. 2 NAME	
STREET ADORESS	5385 DRAKE LANE		4.3 STREET ADDRESS	
CITY-ST-ZIP	MILTON FL		4.4 CITY-ST-ZIP	
TITLE		DELETE	5.1 TITLE	Change Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5,4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	Change Addition
NAME			6.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY OF TIP			C 4 OTD/ CT 7/0	

14. I hereby certify that the information supplied with this filling 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 on an attachment with a made of the corporation of the corporation of the corporation of the receiver of the corporation of the corporation

1-9-98

Street Address (P.O. Box Number is Not Acceptable)

8506236

Zip Code