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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

DOCUMENT # L51135

1. Corporation Name

FABEL ENTERPRISES, INC.

FILED Feb 03, 1999 8:00am **Secretary of State**

02-03-1999 90019 001 ***158.75

		Mailing Address						
incipal Place of E		% EDWARD A. STRACHAN		Į		DITT IN TUIC	SPACE	
EDWARD A. STRA	ACHAN	5385 DRAKE LANE		l	_ ·	RITE IN THIS		
85 DRAKE LANE		MILTON FL 32570			3. Date Incorporated or Qualife	ed		ł
LTON FL 32570					02/14/1990		Applied	Eor
					4. FEI Number		Not Apr	
1 Disco of Puginess		2a. Mailing Address	2a. Mailing Address		59-2992099			
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		Suite, Apt. #, etc.			5. Certificate of Status Desired Fee Required			
Suite, Apt. #, 6	etc.	27			6. Election Campaign Financia		\$5.00 Ma)	/Be
} ·		City & State			6. Election Campaign Finance Trust Fund Contribution		Added to Fe	es
City & State					8. This corporation owes the	current year 1	ntangible	Ì
3		Zip	Country		8. This corporation owes the	Carroni yeer	∐Yes 💆	No
Zip	Country		}		Personal Property Tax. 10. Name and Address of Ne	w Registere	d Agent	
_ ·	25	[29]	1		10. Name and Address of No.	1123		ľ
<u></u>	9. Name and Address of Current	Registered Agent		ame				
			_ \		ress (P.O. Box Number is Not Acc	eptable)		1
STRAC	HAN, EDWARD A.		82 S	treet Addr	(CSO (F.O. DOM (CENTER)	 	11 5 7 3 5 7 1 1 (A.) B16(2151 1321
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	o the provisions of Sections 607.050		1 1_		- this statement fo	r the purpose	of changing its re	gistered
		Sand 607 1508 Florida Statutes	, the above-n	amed con	poration submits this statement in the poration submits the poration	accept the ap	pointment as regis	Stered
11: Pursuant to	the provisions of Sections 607 050	of Florida. Such change was aut	horized by the	Corporar				
office or re	o the provisions of Sections 607.050 gistered agent, or both, in the State of familiar with, and accept the obliga	Allons of, Occupant of the						
ाः Hagent, i an		_			10.00	DATE		C IN 12
			Indictored Agent Si	onature requi	red when reinstating)	~ ~FEICED	TAND DIRECTOR	3 III IA
SIGNATURE ,	Elegature typed or printed name of registered age	and doe ii deprior	Registered Agent si	gnature requi	red when reinstating) ADDITIONS/CHANGES T	O OFFICERS	Change	Addition
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14. I 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 supplies that I amount 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 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 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 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 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 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 indicated on this annual report of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes. I further certify that the information of the corporation of the corporation of the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes. I further certify that the information of the corporation of the corporation of the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes. I further certify that the information of the corporation of the receiver of the corporation of the corporation of the receiver of the corporation of the corporation of the receiver of the corporation of the corporation of the receiver of the corporation of the re

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