

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

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **L89508** (0)

1. Corporation Name  
**FAB-DH-MAR, INC.**



Principal Place of Business: **2769 VALENCIA LN W PALM HARBOR FL 34684**  
Mailing Address: **2769 VALENCIA LN W PALM HARBOR FL 34684**

2. Principal Place of Business: 21, 22, 23, 24  
2a. Mailing Address: 26, 27, 28, 29, 30

3. Date Incorporated or Qualified: **07/18/1990**  
3a. Date of Last Report: **04/26/1995**  
4. FLI Number: **59-3028251**  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing:  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent  
**ENGLANDER & FISCHER, P. A.  
6606 22ND AVENUE NORTH  
SUITE 300  
ST. PETERSBURG FL 33710**

10. Name and Address of New Registered Agent  
81 Name: **Angelo Di Salvatore**  
82 Street Address: **1527 43rd St. N.**  
83  
84 City: **Clearwater** FL 85 Zip Code: **34622**

11. Pursuant to the provisions of Sections 607.007 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 607.007, Florida Statutes.

SIGNATURE: *[Signature]*  
OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	[ ] DELETE
ST	FABRIZI, RICHARD JOHN	6001 - 51ST ST. SOUTH	ST. PETERSBURG FL	
P	DI SALVATORE, ANGELO J.	2769 VALENCIA LANE WEST	PALM HARBOR, FL 34684	
V	MARCIANO, FRANKLIN A.	840 - 49TH AVENUE NORTH	ST. PETERSBURG FL	
[ ] DELETE				
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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	[ ] CHANGE	[ ] ADDITION
11 TITLE	11 NAME	11 STREET ADDRESS	11 CITY, ST, ZIP		
12 TITLE	12 NAME	12 STREET ADDRESS	12 CITY, ST, ZIP		
13 TITLE	13 NAME	13 STREET ADDRESS	13 CITY, ST, ZIP		
14 TITLE	14 NAME	14 STREET ADDRESS	14 CITY, ST, ZIP		
15 TITLE	15 NAME	15 STREET ADDRESS	15 CITY, ST, ZIP		
16 TITLE	16 NAME	16 STREET ADDRESS	16 CITY, ST, ZIP		
17 TITLE	17 NAME	17 STREET ADDRESS	17 CITY, ST, ZIP		
18 TITLE	18 NAME	18 STREET ADDRESS	18 CITY, ST, ZIP		
19 TITLE	19 NAME	19 STREET ADDRESS	19 CITY, ST, ZIP		
20 TITLE	20 NAME	20 STREET ADDRESS	20 CITY, ST, ZIP		

607007 7500 20  
03/20/96 01825 006  
\*\*\*208.00

607007 7500 20  
03/20/96 01825 006  
\*\*\*208.75

3/3/20

14. I do hereby certify that the information supplied with this report 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 reported 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; that the person 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 of this report or any supplemental report.

SIGNATURE: *[Signature]* **Angelo D. Salvatore** (813) 577-2468  
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)