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

**PROFIT** 

"TURE:

May 13 1998 8:00am CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT #
1. Corporation Name (0)L89508 FAB-DI-MAR, INC. Principal Place of Business Mailing Address 2789 VALENCIA LN W 2769 VALENCIA LN W PALM HARBOR FL 34684 PALM HARBOR FL 34884 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/18/1990 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 59-3028251 Not Applicable Suite, Apt. #, etc Suite, Apt #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Yes 30 ☐ No 24 25 29 Personal Property Tax due June 30. 9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name DI SALVATORE, ANGELO 11327 43RD ST N 82 Street Address (P.O. Box Number is Not Acceptable) **CLEARWATER FL 34622** 83 84 City Zip Code 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 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 title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. DELETE ☐ Change Addition TITLE 1.1 TITLE FABRIZI, RICHARD JOHN NAME 1.2 NAME 6001 - 51ST ST. SOUTH STREET ADDRESS 1.3 STREET ADDRESS ST. PETERSBURG FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 21 TITLE DI SALVATORE, ANGELO J. NAME 2.2 NAME 2769 VALENCIA LANE WEST STREET ADDRESS 2.3 STREET ADDRESS PALM HARBOR, FL 34684 CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME MARCIANO, FRANKLIN A. 3.2 NAME 840 - 49TH AVENUE NORTH STREET ADDRESS 3.3 STREET ADDRESS ST. PETERSBURG FL CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 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 Addition DELETE Change TITLE **6.1 TITLE** NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY - ST- ZIP 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 supplier 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 of the project is true and exemption of the project is report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or dryan in the chapter of the project is an address.

FLORIDA DEPARTMENT OF STATE

**FILED** 

(8/3)577-2468