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**Apr 28 1997 8:00am
Secretary of State**



PROFIT CORPORATION
ANNUAL REPORT
1997

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

DOCUMENT # P34106 (5)
1. Corporation Name
FAB-TECH INDUSTRIES, INC.



Principal Place of Business: **1709 UNIVERSITY COMMERCIAL PLACE CHARLOTTE NC 28213**
Mailing Address: **1709 UNIVERSITY COMMERCIAL PLACE CHARLOTTE NC 28213-6444**

3. Date Incorporated or Qualified: **05/22/1991** 3a. Date of Last Report: **01/26/1996**
4. FEI Number: **56-1175504** Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21 Suite, Apt. #, etc. 22 City & State: 23 Zip: 24 Country: 25
2a. Mailing Address: 26 Suite, Apt. #, etc. 27 City & State: 28 Zip: 29 Country: 30

9. Name and Address of Current Registered Agent
**THE PRENTICE-HALL CORPORATION SYSTEM INC
1201 HAYES ST
STE - 105
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City: **FL** 85 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PAS	<input type="checkbox"/> DELETE
NAME	HARKONEN, JORMA	
STREET ADDRESS	1709 UNIVERSITY COMMERCIAL	
CITY-ST-ZIP	CHARLOTTE NC	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	BACHMANN, JARI	
STREET ADDRESS	1709 UNIVERSITY COMMERCIAL	
CITY-ST-ZIP	CHARLOTTE NC	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HAY, JEFFREY S.	
STREET ADDRESS	1709 UNIVERSITY COMMERCIAL	
CITY-ST-ZIP	CHARLOTTE NC	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BACHMANN, HEIKKI	
STREET ADDRESS	1709 UNIVERSITY COMMERCIAL	
CITY-ST-ZIP	CHARLOTTE NC	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MATILLA, JAAKKO	
STREET ADDRESS	1709 UNIVERSITY COMMERCIAL	
CITY-ST-ZIP	CHARLOTTE NC	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 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 an address.

SIGNATURE: **JORMA HARKONEN, PRESIDENT** Date: **4/16/97** Daytime Phone #: **704-596-9397**

CR2E034 (9/96)