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FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90294 018 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P 34 106

1. Corporation Name

FABTECH INDUSTRIES INC

Principal Place of Business

Mailing Address

1709 University Comm. Place
 Charlotte NC 28213

SAME

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

5/22/91

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For

21

26

56-1175504

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

22

27

City & State

City & State

6. Election Campaign Financing

\$5.00 May Be Added to Fees

23

28

Zip Country

Zip Country

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

The Prentice Hall Corp
 1201 Hayes St
 Ste 105
 Tallahassee FL 32301

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PAS DELETE
 NAME Jorma Harkonen
 STREET ADDRESS 1709 University Comm Place
 CITY-ST-ZIP Charlotte NC 28213

1.1 TITLE Change Addition

TITLE VSD DELETE
 NAME JARI BACHMANN
 STREET ADDRESS 1709 University Comm. Place
 CITY-ST-ZIP Charlotte NC 28213

2.1 TITLE Change Addition

TITLE DIRECTOR DELETE
 NAME WALTER SCHMIDT
 STREET ADDRESS 1709 UNIVERSITY Comm. Place
 CITY-ST-ZIP Charlotte NC 28213

3.1 TITLE Change Addition

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

4.1 TITLE Change Addition

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

5.1 TITLE Change Addition

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

6.1 TITLE Change Addition

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 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, with all other like empowered.

SIGNATURE: JORMA HARKONEN

4/23/99

704-596-9397

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)