

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
FILED

95 APR 21 PM 2:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P93000053148 (1)**

1. Corporation Name  
**FABCON INTERNATIONAL, INC.**

Principal Place of Business Mailing Address  
**10207 S INDIAN RIVER DR  
FORT PIERVE FL 34982  
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **07/26/1993** 3a. Date of Last Report **04/28/1994**

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

4. FEI Number **NOT APPLICABLE** 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

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**HATKINS, JUDITH L  
10207 S INDIAN RIVER DR  
FORT PIERCE FL 34982**

81 Name **WATKINS JUDITH L.**  
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 (required)

(NOTE: Registered Agent signature required when reselecting)

DATE

**12. OFFICERS AND DIRECTORS**

TITLE **D**  
NAME **GOLL, FRANK T**  
STREET ADDRESS **415 NW 109TH AVE**  
CITY - ST - ZIP **PEMBROKE FL 33028**

TITLE **D**  
NAME **WATKINS, WILLIAM W**  
STREET ADDRESS **2081 SE ELLINGTON TER**  
CITY - ST - ZIP **PORT ST LUCIE FL 34952**

TITLE **D**  
NAME **WATKINS, JUDITH L**  
STREET ADDRESS **2081 SE ELLINGTON TER**  
CITY - ST - ZIP **PORT ST LUCIE FL 34952**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1 1 TITLE  Change  Addition  
12 NAME  
13 STREET ADDRESS  
14 CITY - ST - ZIP

2 1 TITLE  Change  Addition  
22 NAME  
23 STREET ADDRESS **10207 S. INDIAN RIVER DR**  
24 CITY - ST - ZIP **FT PIERCE FL 34982**

3 1 TITLE  Change  Addition  
32 NAME  
33 STREET ADDRESS **10207 S. INDIAN RIVER DR**  
34 CITY - ST - ZIP **FT PIERCE FL 34982**

4 1 TITLE  Change  Addition  
42 NAME  
43 STREET ADDRESS  
44 CITY - ST - ZIP

5 1 TITLE  Change  Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY - ST - ZIP

6 1 TITLE  Change  Addition  
62 NAME  
63 STREET ADDRESS  
64 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing 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 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, unchanged, or as an addition with an address.

**SIGNATURE:** *William W. Watkins*  
**WILLIAM W. WATKINS**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/18/95 467.300 3601**  
DATE AND TYPED OR PRINTED NAME OF REGISTERED AGENT