

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

FILED
Apr 08 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # H86351 (4)

1. Corporation Name
FAB SERVC, INC.



Principal Place of Business 101 E COLLEGE AVE TALLAHASSEE FL 32301 US	Mailing Address 101 E COLLEGE AVE TALLAHASSEE FL 32301 US
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DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified 11/20/1985	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number 59-2767302	
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

ROBERTS, C. PATRICK
101 E COLLEGE AVE
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
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

TIMM, BRUCE	<input type="checkbox"/> DELETE
3370 CAPITAL CIRCLE NE TALLAHASSEE FL	
VC BYRD, LINDA	<input type="checkbox"/> DELETE
8388 BAYMEADOWS RD JACKSONVILLE FL	
SD SCHWARTZEL, JOE	<input checked="" type="checkbox"/> DELETE
2824 PALM BEACH BLVD FT. MYERS FL 33916	
VCD PETERSON, BILL	<input type="checkbox"/> DELETE
1100 FAIRFIELD DR W PALM BEACH FL	
D CARR, JERRY	<input type="checkbox"/> DELETE
16550 N.W. 52ND AVE MIAMI FL	
C PORTMANN, SHAWN	<input checked="" type="checkbox"/> DELETE
4110 CENTERPONTE DR FT MYERS FL	

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 checked="" type="checkbox"/> Addition
3.2 NAME	Chris Andrews
3.3 STREET ADDRESS	6210 W. Pine Island Rd.
3.4 CITY-ST-ZIP	Cape Coral, FL 33991
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Jerry Carr
5.3 STREET ADDRESS	P.O. Box 6607 N/A
5.4 CITY-ST-ZIP	West Palm Beach, FL 33426
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	VC Ronna Wolfe
6.3 STREET ADDRESS	194 NW 187th Street
6.4 CITY-ST-ZIP	Miami, FL 33169

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.

SIGNATURE: _____ 3-31-98 681-6444

CR2E034 (10/97)