


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

**FILED**  
**Apr 22 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # J90194 (8)**

1. Corporation Name  
**FAB EQUIPMENT LEASING, INC.**



Principal Place of Business <b>926-26TH STREET                  WEST PALM BEACH FL 33407</b>	Mailing Address <b>926-26TH STREET                  WEST PALM BEACH FL 33407</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		3. Date Incorporated or Qualified <b>08/25/1987</b>	
4. FEI Number <b>65-0004173</b>		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		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 <b>MIOTTO, LILLIAN B.                  183 COMMODORE DRIVE                  JUPITER FL 33477</b>				10. Name and Address of New Registered Agent 81 Name <b>William A. Fleck, Esq.</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>Kramer, Ali, Fleck &amp; Carothers</b> 83 <b>6650 West Indiantown Road, Suite 200</b> 84 City <b>Jupiter</b> <b>FL</b> 85 Zip Code <b>33458</b>	
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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 *William A. Fleck* **William A. Fleck, Esq.** **4-9-98**

Signature, typed or printed name of registrant, if applicable. (NOTE: Registered Agent signature required when re-instating.) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	<b>D</b>	<input type="checkbox"/> DELETE	1.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MIOTTO, LILLIAN</b>		1.2 NAME				
STREET ADDRESS	<b>926 26TH ST</b>		1.3 STREET ADDRESS				
CITY-ST-ZIP	<b>WEST PALM BCH FL</b>		1.4 CITY-ST-ZIP				
TITLE	<b>D</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<b>PST</b>			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MIOTTO, VALENTINO</b>		2.2 NAME				
STREET ADDRESS	<b>926 26TH ST</b>		2.3 STREET ADDRESS				
CITY-ST-ZIP	<b>WEST PALM BCH FL</b>		2.4 CITY-ST-ZIP				
TITLE	<b>V</b>	<input type="checkbox"/> DELETE	3.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RUTH PETERS</b>		3.2 NAME				
STREET ADDRESS	<b>926 26TH ST</b>		3.3 STREET ADDRESS				
CITY-ST-ZIP	<b>WEST PALM BCH FL</b>		3.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			4.2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			6.4 CITY-ST-ZIP				

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, and intend 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 a new address.

SIGNATURE *Lillian B. Miotto* **Lillian B. Miotto** **4/10/98 561-832-5511**

CR2E034 (10/97)