

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **L89508** (0)

1. Corporation Name
FAB-DH-MAR, INC.



Principal Place of Business: **2769 VALENCIA LN W PALM HARBOR FL 34684**
Mailing Address: **2769 VALENCIA LN W PALM HARBOR FL 34684**

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

3. Date Incorporated or Qualified 07/18/1990	3a. Date of Last Report 04/26/1995
4. FLI Number 59-3028251	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> α	\$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 has liability for intangible tax under s. 199.032, Florida Statutes. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**ENGLANDER & FISCHER, P. A.
6606 22ND AVENUE NORTH
SUITE 300
ST. PETERSBURG FL 33710**

81	Name Angelo Di Salvatore
82	Street Address (if P.O. Box Number is Not Acceptable) 1527 43rd St. N.
83	
84	City Clearwater
85	Zip Code FL 34622

11. Pursuant to the provisions of Sections 607.007 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 607.007, Florida Statutes.

SIGNATURE: *[Signature]*
OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	[] DELETE
ST	FABRIZI, RICHARD JOHN	6001 - 51ST ST. SOUTH	ST. PETERSBURG FL	
P	DI SALVATORE, ANGELO J.	2769 VALENCIA LANE WEST	PALM HARBOR, FL 34684	
V	MARCIANO, FRANKLIN A.	840 - 49TH AVENUE NORTH	ST. PETERSBURG FL	
[] DELETE				
[] DELETE				
[] DELETE				
[] DELETE				

13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
15 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
16 NAME	
17 STREET ADDRESS	
18 CITY, ST, ZIP	
19 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
20 NAME	
21 STREET ADDRESS	
22 CITY, ST, ZIP	
23 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
24 NAME	
25 STREET ADDRESS	
26 CITY, ST, ZIP	
27 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
28 NAME	
29 STREET ADDRESS	
30 CITY, ST, ZIP	

~~607007 7500 26~~
~~03/20/96 01825 006~~
~~***208.00~~

~~607007 7500 26~~
~~03/20/96 01825 006~~
~~***208.75~~

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3.20

14. I do hereby certify that the information supplied with this report 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 reported 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; that the person 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 of this report or any supplemental report.

SIGNATURE: *[Signature]* **Angelo D. Salvatore** (813) 577-2468
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)