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FILED
May 13 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # 464846 (5)

1. Corporation Name

FABMASTER INDUSTRIES, INC.



Principal Place of Business

Mailing Address

% JAMES N. BARBER
1333 S.W. 14 STREET
BOCA RATON FL 33486

% JAMES N. BARBER
1333 S.W. 14 STREET
BOCA RATON FL 33486

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 4350 N.W. 19 AVE

Suite, Apt. #, etc.

22 SUITE G

City & State

23 POMPANO BEACH, FLA

Zip

24 33064

Country

25 USA.

2a. Mailing Address

26 4350 NW 19 AVE

Suite, Apt. #, etc.

27 SUITE G

City & State

28 POMPANO BEACH, FLA.

Zip

29 33064

Country

30 U.S.A.

3. Date Incorporated or Qualified

11/12/1974

4. FEI Number

59-1559113

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

BARBER, JAMES N
1333 S W 14TH ST
BOCA RATON FL 33432

10. Name and Address of New Registered Agent

81 Name

BARBER, JAMES N.

82 Street Address (P.O. Box Number is Not Acceptable)

83 34 NEEDLES DRIVE

84 City

OCALA,

FL

85 Zip Code

34482

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 filed if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME BARBER, JAMES
STREET ADDRESS 1333 S.W. 14 ST.
CITY-ST-ZIP BOCA RATON FL

TITLE SD ☐ DELETE

NAME BARBER, CERITA M.
STREET ADDRESS 1333 S.W. 14 ST.
CITY-ST-ZIP BOCA RATON FL

TITLE D ☐ DELETE

NAME BARBER, J R
STREET ADDRESS 2924 WATERS FORD DR
CITY-ST-ZIP DEERFIELD FL

TITLE D ☐ DELETE

NAME FLOYD, KIMBERLY A.
STREET ADDRESS 1911 LYONS RD #102
CITY-ST-ZIP COCONUT CREEK FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☐ Addition

1.2 NAME BARBER, JAMES N.
1.3 STREET ADDRESS 34 NEEDLES DR.
1.4 CITY-ST-ZIP OCALA, FL 34482

2.1 TITLE SD ☒ Change ☐ Addition

2.2 NAME BARBER, CERITA M.
2.3 STREET ADDRESS 34 NEEDLES DR.
2.4 CITY-ST-ZIP OCALA, FL. 34482

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE D ☐ Change ☐ Addition

4.2 NAME FLOYD, KIMBERLY A.
4.3 STREET ADDRESS 227 N.W. 36 AVE
4.4 CITY-ST-ZIP DEERFIELD BEACH, FL. 33441

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS

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 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 James N. Barber, J. Barber, 11-27-98 352-81-4857

CR2E034 (10/97)