SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 0, 1995.
AMOUNT DUE ON OR BEFORE 5/0/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $275)

PROFIT CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 26 PM 5:19

DOCUMENT # 591476 (7)

1. Corporation Name
FADS, INC.

Principal Place of Business	Mailing Address
C/O DAVID VOGEL 4302H GINGER COVE DR. TAMPA FL 33634	C/O DAVID VOGEL 4302H GINGER COVE DR. TAMPA FL 33634

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/27/1978
3a. Date of Last Report: 06/16/1994

2. Principal Place of Business	2a. Mailing Address
21 c/o David Vogel	26 c/o David Vogel
Suite, Apt. #, etc. 22 2440 Winding Creek Cir #303	Suite, Apt. #, etc. 27 2440 Winding Creek Cir #303
City & State 23 Clearwater FL. 34621	City & State 28 Clearwater, Florida.
Zip / Country 24 34621 / 25 USA	Zip / Country 29 34621 / 30 USA

4. FEI Number: 59-2071159 ☐ 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. The 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
VOGEL, DAVID 4302H GINGER COVE DR. TAMPA,FL ABW 33634	81 Name: Vogel, David 82 Street Address (P.O. Box Number is Not Acceptable): 2440 Winding Creek Cir #303 83 Apt # 303 84 City: Clearwater FL 85 Zip Code: 34621

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 _____ DATE
Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PTD	11 TITLE	PTD	☒ Change ☐ Addition
NAME	VOGEL, DAVID	12 NAME	VOGEL, DAVID	
STREET ADDRESS	4302H GINGER COVE DR.	13 STREET ADDRESS	2440 WINDING CREEK CIR #303	
CITY-ST-ZIP	TAMPA, FL 00000	14 CITY-ST-ZIP	CLEARWATER, FLORIDA 34621	
TITLE		21 TITLE		☐ Change ☐ Addition
NAME		22 NAME		
STREET ADDRESS		23 STREET ADDRESS		
CITY-ST-ZIP		24 CITY-ST-ZIP		
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY-ST-ZIP		34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

CR2E034 (3/95)

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)(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: Davida Vogel 6/16/95 813-797-9060
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0101644 CP