FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 24 AM 11:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **649545** **(1)**

1. Corporation Name

FABULOUS THINGS, INC.

Principal Place of Business	Mailing Address
27100 OLD DIXIE HIGHWAY NARANJA FL 33032	27100 OLD DIXIE HIGHWAY NARANJA FL 33032

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/27/1979**
3a. Date of Last Report: **04/26/1994**

2. Principal Place of Business
21: 9013 S.W. 78 Place
22: Suite, Apt. #, etc.
23: City & State: Miami Florida
24: Zip: 33156 25: Country: USA

2a. Mailing Address
26: P.O. Box
27: Suite, Apt. #, etc.
28: City & State: Miami Florida
29: Zip: 33256 30: Country: USA

4. FEI Number: **59-1962974** ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

COLEMAN, PHILLIP LLOYD
27100 OLD DIXIE HIGHWAY
NARANJA FL 33032

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 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 _____ 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	PT	11 TITLE	PSTD	☐ Change ☐ Addition
NAME	COLEMAN, PHILLIP LLOYD	12 NAME		
STREET ADDRESS	27100 OLD DIXIE HWY.	13 STREET ADDRESS		
CITY-ST-ZIP	NARANJA FL	14 CITY-ST-ZIP		
TITLE	V	21 TITLE		☐ Change ☐ Addition
NAME	COLEMAN, JOHN L M	22 NAME		
STREET ADDRESS	27100 OLD DIXIE HWY	23 STREET ADDRESS		
CITY-ST-ZIP	NARANJA FL	24 CITY-ST-ZIP		
TITLE	VP	31 TITLE	VPD	☐ Change ☐ Addition
NAME	COLEMAN, SUSANNE	32 NAME		
STREET ADDRESS	27100 OLD DIXIE HWY	33 STREET ADDRESS		
CITY-ST-ZIP	NARANJA FL	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		

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 added on an attachment with an address.

SIGNATURE _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0116007 CP