

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 AM 12: 04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F92000000902 (8)

1. Corporation Name

FELL FAB, INC.

Principal Place of Business

**MARCUS CENTER, SUITE 210
9990 SOUTHWEST 77TH AVENUE
MIAMI FL 33156-2699**

Mailing Address

**MARCUS CENTER, SUITE 210
9990 SOUTHWEST 77TH AVENUE
MIAMI FL 33156-2699**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 12/24/1992	3a. Date of Last Report 04/29/1994
4. FEI Number 65-0380654	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 G. 109.032, Florida Statutes ☐ Yes ☐ No	

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

9. Name and Address of Current Registered Agent

**THE PRENTICE HALL CORP SYSTEM INC
1201 HAYES ST
TALLAHASSEE FL 32301**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DCT	1.1 TITLE	☐ Change ☐ Addition
NAME	FELL, DON	1.2 NAME	
STREET ADDRESS	2343 BARTON STREET EAST	1.3 STREET ADDRESS	
CITY- ST- ZIP	HAMILTON ONTARIO CANADA	1.4 CITY- ST- ZIP	
TITLE	DP	2.1 TITLE	☐ Change ☐ Addition
NAME	TUFTS, BERT	2.2 NAME	
STREET ADDRESS	2343 BARTON STREET EAST	2.3 STREET ADDRESS	
CITY- ST- ZIP	HAMILTON ONTARIO CANADA	2.4 CITY- ST- ZIP	
TITLE	DVS	3.1 TITLE	☐ Change ☐ Addition
NAME	FELL, GLEN	3.2 NAME	
STREET ADDRESS	2343 BARTON STREET EAST	3.3 STREET ADDRESS	
CITY- ST- ZIP	HAMILTON ONTARIO CANADA	3.4 CITY- ST- ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY- ST- ZIP		4.4 CITY- ST- ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		6.4 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 110.07(3)(k), 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 it 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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Number