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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 JAN 13 AM 9:18

DOCUMENT # **H35497** **(7)**

1. Corporation Name
AFAB ENTERPRISES, INC.

Principal Place of Business	Mailing Address
C/O DON FLECKNER 4274 SW 64 AVE DAVIE FL 33314	C/O DON FLECKNER 4274 SW 64 AVE DAVIE FL 33314

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/27/1984	3a. Date of Last Report: 01/19/1994
4. FEI Number: 59-2476839	☐ 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	

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

9. Name and Address of Current Registered Agent

FLECKNER, DONALD L.
4274 SW 64 AVE
DAVIE FL 33314

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City **FL** 35 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) (If 11: Registered Agent signature required when mailed in)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	PD	☒ Change ☐ Addition
NAME	FLECKNER, DONALD	12 NAME	DONALD FLECKNER	
STREET ADDRESS	9708 S.W. 57TH ST.	13 STREET ADDRESS	P.O. Box 290972	
CITY ST ZIP	COOPER CITY FL	14 CITY ST ZIP	DAVIE FL 33329	
TITLE	STD	21 TITLE	STD	☒ Change ☐ Addition
NAME	FLECKNER, BONNIE	22 NAME	FLECKNER, BONNIE	
STREET ADDRESS	9708 S.W. 57TH ST.	23 STREET ADDRESS	P.O. Box 290972	
CITY ST ZIP	COOPER CITY FL	24 CITY ST ZIP	DAVIE FL 33329	
TITLE		31 TITLE	V. PRES	☐ Change ☒ Addition
NAME		32 NAME	DENNIS BAKER	
STREET ADDRESS		33 STREET ADDRESS	5400 N. OCEAN BLVD	
CITY ST ZIP		34 CITY ST ZIP	FT. LAUD. FL. 33308	
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 on an attachment with an address.

SIGNATURE: _____ DONALD FLECKNER 1/10/95 305-581-5663
SIGNATURE AND TYPED OR PRINTED NAME OF FLORIDA OFFICER OR DIRECTOR (Date) (Daytime Phone #)

0223433 CP