FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED Feb 18 1997 8:00am Secretary of State

AFABE,	, INC.							
10550 DEAL F NORTH FORT	rd. Myers fl 33917	10550 DEAL RD. North Fort Myers Fl	33917-5234				•	
					3. Date Incorporated or Qualified 05/06/1986		ate of Last Re 30/1996	eport
2. Principal	Place of Business	2a. Mailing Address			4. FEI Number	1 4.7		plied For
21	P. A.	26		<u> </u>	59-2670777			t Applicable
Suite, Ap	ot. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	X	\$8.75 A	
City & Sta	ale	City & State		,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	6. Election Campaign Financing		\$5.00	
23		28			Trust Fund Contribution		Added t	
Zip	Country	Zip	Count	ry	8. This corporation has liability for I			199.032,
24	9. Name and Address of Curre	29	30		Florida Statutes 10. Name and Address of New Re	Yes		
ΩE	DRAL, CLAUDIA C.	ant riegistered Agent	8	1 Name	10, Italija ulio Addivas of Itali Ita	9.010.00	- Mour	
	650 DEAL RD.		ا	2 Street Add	Iress (P.O. Box Number is Not Acceptab	الما		· · · · · · · · · · · · · · · · · · ·
	AL ROAD NORTHEAST		ľ	Street Add	ress (P.O. Box Number is Not Acceptab	ie)		
NO	RTH FORT MYERS FL 33917		6	3				
			8	4 City			85 Zip (Code
					poration submits this statement for the p	<u>Fl</u>		
SIGNATURE	Signature, typied or printed name of togistered a OFFICERS A	ND DIRECTORS	OTE: Registered A	Agent signature requ	ofred when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE CERS AN		
TITLE	D	☐ DELETE	1,1 TITLI	E			Change	Addition
NAME	GEDRAL, CLAUDIA C.		1.2 NAM	_				
STREET ADDRESS	I 10550 DEAL RD. NORTH FT MYERS FL			ET ADDRESS				
CITY - ST - ZIP	D D	DELETE	1.4 CITY 2.1 TITLE	-ST-ZIP			Change	Addition
NAME	GEDRAL, JAMES F.	head Color	2.2 NAM	· }				
STREET ADDRESS	JAPES DEAL DO			ET ADDRESS				
CITY-SI-ZiP	NORTH FT MYERS FL		2.4 CIT)	r-st-zip				
TITLE		☐ DELETE	3.1 TITLE	E			Change	Addition
NAME			3.2 NAM	- }				
STREET ADORESS	\$			EET ADDRESS				
CITY-S1-ZIP		☐ DELETE	3.4. C/T\ 4.1 TITL	r-ST-ZIP			Change	Addition
TITLE NAME		□ brreit	4.1 JHEI 4. 2 NAM	1			CT Alignity	Munitul
STREET ADDRESS	s			EET ADDRESS				
CITY - ST - ZIP	`			-ST-ZIP				
TITLE		DELETE	5.1 TITE				Change	Addition
NAME			5.2 NAM	IE }				
STREET ADDRESS	\$		53 STRE	EET ADDRESS				
CITY-ST-ZIP				-ST-ZIP			···	1
1/TLE		☐ DELETE	6.1 TITU				Change	Addition
NAME			6.2 NAW	Į.				
STREET ADORES	S			EET ADDRESS				
CITY-ST-ZIP			6.4 CITY	'-ST-ZIP				

14. I do 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

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

941-543-156

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