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PROFIT
CORPORATION
ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J13033

AFABE, INC.

5

FILED Jan 25, 1999 8:00am Secretary of State

01-25-1999 90042 003 ***150.00



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Principal Plac	e of Business	Maili	ng Address					,
10550 DEAL RI	D.	10550	DEAL RD.			Ì		
NORTH FORT MYERS FL 33917			NORTH FORT MYERS FL 33917			DO NOT WRITE IN THIS SPACE		
							THIS SPACE	
						3. Date Incorporated or Qualifed		
						05/06/1986		
2. Principal Place of Business			2a. Mailing Address		4. FEI Number	<u> </u>	oplied For	
21		26	·			59-2670777		ot Applicable
Suite, Apt.	#, etc.	├	iuite, Apt. #, etc.			5. Certifcate of Status Desired		Additional
22		27					Fee R	equired
City & State			City & State			6. Election Campaign Financing		May Be
23	<u> </u>	28				Trust Fund Contribution .	Added	to Fees
Zip	Count	try z	ip .	Country	y	8. This corporation owes the current year		
24	25	29		30		Personal Property Tax.	☐ Yes	Ď X No
		ess of Current Register	red Agent		7	10. Name and Address of New Registe	ered Agent	
				81	Name			1
ACABEDRAL, CLAUDIA C.				82	Street Add	ress (P.O. Box Number is Not Acceptable)		
10550 DEAL RD.			"	0.,000,7,000	CONTRACTOR AND SAFER AND	Frage & Green to the grown	3-50 Fretzinet	
DEAL ROAD NORTHEAST			83	· i	12.15.14.12.11.11.11.11.11.11.11.11.11.11.11.11.			
NOF	rth fort myers f	L 33917		_		1954年1月1日日本		314.1 \$1411 [64]
				84	City		85 Zip	Cổđể *: **
11. Pursuant	to the provisions of Se	ctions 607.0502 and 607	.1508. Florida Statut	es, the abov	L. re-named cort	poration submits this statement for the purpor	se of changing its	registered
office or i	registered agent, or bot	h, in the State of Florida.	Such change was a	uthorized by	the corporati	poration submits this statement for the purposion's board of directors. I hereby accept the a	ippointment as re	gistered
agent. I a	im familiar with, and ac	cept the obligations of, S	ection 607.0505, Fig	nda Statute:	5.			. (
SIGNATURE	Clamphus, broad or related par	ne of registered agent and title if ap	onlicable (NOTE	Pagistered Age	nt cionature require	ed when reinstating) F (E) DAT	F	<u> </u>
12.		OFFICERS AND DIRECT		13.	in signature require	ADDITIONS/CHANGES TO OFFICER)RS IN 12
TITLE	D		☐ DELETE	1.1 TITLE			☐ Change	[] Addition
NAME	GEDRAL, CLAUDIA	۸.		1.2 NAME		The state of the	- •	_
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STREET ADORESS	•	` rı			TADDRESS			
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TITLE	0	-	LJ OCCU	2.1 TITLE		•	□ Onlinge	- Addition
NAME	GEDRAL, JAMES	.		2.2 NAME				
STREET ADDRESS	1							
CITY-ST-ZIP	NORTH FT MYERS			2.3 STREE	TADDRESS	•	,	
TITLE .		S FL		2. 4 CITY-			,	
1144	A	5 FL /s	☐ DELETE				Change	Addition
NAME A	PAL CLAUDA C	SPL - Late	☐ DELETE	2. 4 CITY-			. Change	Addition
1 11-1	BALL CLAUDA C ACCESCAD	1,24	☐ DELETE	2. 4 CITY- 3.1 TITLE 3.2 NAME		1 451 - 15 2 1 1 1 1 3 3 4 4 5 1 5 2 1 1 1 1 5 4 5 1 5		☐ Addition
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14. I 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, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

C. GEDRAL (94) 543 1564