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

1995 MAR 13 AM 7:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J-75785

1. Corporation Name
(Fabs International, Inc.)
Foundation for Advanced Biblical Studies Intl, Inc.

Principal Place of Business: 838 Corbin Gainey RD, D.S. Fl. 32433

Mailing Address: P.O. Box 427, Defuniak Springs, Fl 32433

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 1987
3a. Date of Last Report: 5-94

2. Principal Place of Business
21 838 Corbin Gainey
Suite, Apt. #, etc.
22 Defuniak Springs
City & State
23 Fl 32433
Zip
24
Country
25 U.S.A

2a. Mailing Address
26 Same as above
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

4. FEI Number: 59-2806537 — 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
Leyda R. Lewis
~~P.O. Box 427~~
838 Corbin Gainey RD
Defuniak Springs Fl 32433

10. Name and Address of New Registered Agent
81 Name: Same
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 607.0508, 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: Leyda R. Lewis — 2-23-95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning) DATE

12. OFFICERS AND DIRECTORS

TITLE	
NAME	Leyda Lewis, President/VP
STREET ADDRESS	P.O. Box 427
CITY-ST-ZIP	838 Corbin Gainey RD Defuniak Springs Fl 32433
TITLE	
NAME	Bob Lewis (Sec/Treasurer)
STREET ADDRESS	P.O. Box 427
CITY-ST-ZIP	838 Corbin Gainey RD Defuniak Springs FLA 32433
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	800001438974 ☐ Change ☐ Addition
2.2 NAME	-03/15/95--01083--002
2.3 STREET ADDRESS	****200.00 ****200.00
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

Jefs 3-13

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)(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 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: Leyda R. Lewis — 2-23-95 — (904) 892-1661
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone
Leyda R. Lewis