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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J90194

(8)

FAB EQUIPMENT LEASING, INC.

FAB EQUIPMENT LEASING, IN	NC.
D: 10 .10	44.11 A 11

FILED Feb 28 1997 8:00am Secretary of State



	e of Business	Mailing Address						
826-26TH STREET WEST PALM BEACH FL 33407		926-26TH STREET WEST PALM BEACH FL	926-26TH STREET WEST PALM BEACH FL 33407-5315					
The street of th					Date Incorporated or Qualified 08/25/1987		of Last R	eport
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number			oplied For
21		26			65-0004173		No	ot Applicable
Suite, Apt.	#, etc	Suite, Apt. #, etc.			5. Certificate of Status Desired		T	Additional equired
City & State	е	City & State			6. Election Campaign Financing			
23	·	28			Trust Fund Contribution		\$5.00 Added	
Zip	Country	Zφ	Country	,	8. This corporation has liability for			
24	25	29	30			Yes 🔲		. 100.002,
	9. Name and Address of Cur	rent Registered Agent	133		10. Name and Address of New Re	gistered Ag	ent	
MIO'	TTO, LILLIAN B.		81	Name				
	COMMODORE DRICE		82	Ctroot Ada	de-se /D.O. Double who is Not Assertab	lo\		
	PITER FL 33477		82	Street Add	dress (P.O. Box Number is Not Acceptab	ne)		
			83	<u> </u>				***************************************
			ļ					
			84	City		FL	85 Zip	Code
11. Pursuant	to the provisions of Sections 607.0	0502 and 607,1508. Florida Stat	tutes, the above	e-named cor	rporation submits this statement for the p		hanging it	ts registered
office or re	registered agent, or both, in the St im familiar with land accept the ob	ato of Florida, Such change was	e authorizad hi	J the coroors	ation's board of directors. I hereby accep	ot the appoi	ntment as	registered
ageni i ai	im tamiliar with, and accept the ob	ingations of, Section 607.0505,	FIDAGA Statutes	S.				
SIGNATURE	Signature, typed or punied hance of registered	annut and to at purpose to						
			OTE: Registered Ani	ent pionalista regi	ulred when reinstation)	ΛATE		
				per evulangia tre	ulred when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE ERS AND D	IRECTOR	S IN 12
12.		AND DIRECTORS	13.	ent signature requ	ulred when reinstaling) ADDITIONS/CHANGES TO OFFIC	ERS AND D		
12. JULE	OFFICERS		13. 1,1 TITLE	ent signature requ	ADDITIONS/CHANGES TO OFFIC	ERS AND D	OIRECTOF Change	
12. TITLE NAME	OFFICERS D MIOTTO, ULUAN	AND DIRECTORS	13. 1.1 TITLE 1.2 NAME		ADDITIONS/CHANGES TO OFFICE	ERS AND D	Change	Addition
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I do hereby certify that the information striplied with this filing doos roll 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 adjust report is true and accurate and that my signature shall have the same legal effect as if made under oath, that is noticer or director of the corporation or the receiver of rustles imbowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, prion an attactypient with an address.

SIGNATURE:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

37/96 833-4
Date Daytine Phone *