

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jun 12 1996 8:00 am
Secretary of State

DOCUMENT # K85404 (7)

1. Corporation Name

FAB-TECH INDUSTRIES OF BREVARD, INC.

Principal Place of Business

Mailing Address

515 GUS HIPP BLVD.
ROCKLEDGE FL 32955

515 GUS HIPP BLVD.
ROCKLEDGE FL 32955



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

3. Date Incorporated or Qualified

05/03/1989

3a. Date of Last Report

02/13/1995

4. FEI Number

59-2946517

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

10. Name and Address of New Registered Agent

PRESNICK, DAVID M
96 WILLARD ST STE 302
COCOA FL 32922

81 Name

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 607.1508, 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when reinstating)

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE NAME STREET ADDRESS CITY- ST- ZIP

PTSD
VELLUTO, JANE E.
300 ARTEMIS BLVD
MERRITT ISLAND FL

☐ DELETE

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY- ST- ZIP

TITLE NAME STREET ADDRESS CITY- ST- ZIP

V
HUBER, KAREN L.
641 SPRING LAKE DRIVE
MELBOURNE FL

☐ DELETE

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY- ST- ZIP

TITLE NAME STREET ADDRESS CITY- ST- ZIP

D
HUBER, KARL M.
641 SPRING LAKE DRIVE
MELBOURNE FL

☐ DELETE

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY- ST- ZIP

TITLE NAME STREET ADDRESS CITY- ST- ZIP

D
HUBER, ROBERT A.
300 ARTEMIS BLVD
MERRITT ISLAND FL

☐ DELETE

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY- ST- ZIP

TITLE NAME STREET ADDRESS CITY- ST- ZIP

D
MANNING, GEORGE
4349B QUAL RIDGE DR.
BOYNTON BEACH FL 33436

☐ DELETE

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY- ST- ZIP

TITLE NAME STREET ADDRESS CITY- ST- ZIP

D
O'HALLORAN, JAMES P
468 PLACE LANE
WOBBURN MA 01801

☐ DELETE

61 TITLE

62 NAME

63 STREET ADDRESS

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)(x), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-07-96 (407) 633-6046

CR2E034 (3/96)