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

FILED
Feb 03, 1999 8:00am
Secretary of State

02-03-1999 90019 001 ****158.75

PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L51135**

1. Corporation Name
FABEL ENTERPRISES, INC.

Principal Place of Business
% EDWARD A. STRACHAN
5385 DRAKE LANE
MILTON FL 32570

Mailing Address
% EDWARD A. STRACHAN
5385 DRAKE LANE
MILTON FL 32570

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip 24 Country 25

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

3. Date Incorporated or Qualifed
02/14/1990

4. FEI Number
59-2992099
☐ Applied For
☐ Not Applicable

5. Certifcate 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 owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
STRACHAN, EDWARD A.
5385 DRAKE LANE
MILTON FL FL 32570

10. Name and Address of New Registered Agent
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PST	☐ DELETE
NAME	STRACHAN, EDWARD A.	
STREET ADDRESS	5385 DRAKE LANE	
CITY-ST-ZIP	MILTON FL	
TITLE	VC	☐ DELETE
NAME	PRESTON, JOHN FOSTER	
STREET ADDRESS	5312 HAMILTON BRIDGE RD.	
CITY-ST-ZIP	MILTON FL	
TITLE	D	☐ DELETE
NAME	PRESTON, BETTY L.	
STREET ADDRESS	5312 HAMILTON BRIDGE RD.	
CITY-ST-ZIP	MILTON FL	
TITLE	D	☐ DELETE
NAME	STRACHAN, ELIZABETH B.	
STREET ADDRESS	5385 DRAKE LANE	
CITY-ST-ZIP	MILTON FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
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		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
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		

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: Edward A Strachan 1-13-99 850 623-65[illegible]
SIGNATURE OF NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)