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

**PROFIT** CORPORATION ANNUAL REPORT

1998

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000073635 (3)

**FILED** Feb 10 1998 8:00am Secretary of State

FAVER	TEC ENTENPHISES, INC.									
Principal Place	e of Business	Mailır	ig Address		_		I ARBITANI ATA TRADA ELLEY BASIN MAINT SOLIT ROPET LORGAN DE	III ALIBA IIII	DE BIJN 1901	
943 BOLENDE	ER DR	943 BOLENDER DR								
DELRAY BEAG		DELRAY BEACH FL 33483					DO NOT WRITE IN THIS SPACE			
-							3. Date Incorporated or Qualified			
}							10/18/1993			
2. Principal P	Place of Business	2a, M	ailing Address			, <del></del>	4. FEI Number	Ap	plied For	
21		26					65-0447792	No	t Applicable	
Suite, Apt.	#, etc	Suite, Apt. #, etc.						\$8.75 A		
22		27				5. Certificate of otatos Desired	Fee Re	quired		
City & State	e	City & State				6. Election Campaign Financing	\$5.00			
23		28	·				Trust Fund Contribution	Added t		
i Zip □	Country	-   Zi	þ	—,	untry	<i>'</i>	8. This corporation owes or has paid the curren			
[24]	25 25 Name and Address of Curre	29	ad Agent	30	т-		Personal Property Tax due June 30.  10. Name and Address of New Registered Ag		] No	
<del></del>		un uahista.	oo Ayem		81	Name	10. Halle and Abbress of New Hogistered Ag	3111		
	ANGELO, LEONARD					Teamo				
	3 BOLENDER OR				82	Street Add	s (P.O. Box Number is Not Acceptable)			
) DEI	LRAY BEACH FL 33483				83			<del></del>		
1										
1					84	City	FL	85 Zip C	Code	
11. Pursuant to the provisions of Sections 607 05:02 and 607 15:08, 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. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature type for period case of top size a largest and treating decade.  (NOTE Registered Agent signature required when reinstating)  DATE  12. OF LICERS AND DIRECTORS IN 12										
12.		ND DIBLECT	DELETE	13.		<del></del>		Change	S IN 12	
TITLE	P PEANORIO LEGUADO		FT DECEM		IITLE		L	) Change	AUGUDON	
NAME ATREET ADDRESSE	DEANGELO, LEONARD				NAME	ADDOLGO				
STREET ADDRESS	943 BOLENDER DR					ADDRESS				
CITY-ST-ZIP TITLE	DELRAY BEACH FL		DELETE	2.11	ITLE	51 - ZIP		Change	Addition	
NAME				1	IAME			,		
STREET ADDRESS				- 1		ADORESS				
CITY-S1-ZIP						ST-ZIP				
TITLE			DELETE	3.1		<u> </u>		Change	☐ Addition	
NAME				3.27	IAME					
STREET ADDRESS				3.3 3	STREET	ADDRESS				
CITY-ST-ZIP				3 4	CITY-5	ST-ZIP				
TITLE			DELETE	417	ITLE			Change	Addition	
NAME				4 2	NAME					
STREET ADDRESS				435	TREET	ADDRESS				
CITY-ST-ZIP				440	HY-S	ST-ZIP			·	
TITLE			☐ DELETE	5.1	ITLE		L	Change	Addition	
NAME				5.21	łame					
STREET ADDRESS				533	TREET	ADDRESS				
CITY-ST-ZIP				5.4 (	CITY - S	ST - ZIP		•		
TITLE			DETETE		ITLE			Change	Addition	
NAME				6.21	IAME					
STREET ADDRESS				6.3 3	STREET	ADDRESS				
CITY-ST-ZIP	<u> </u>	ومسرحتين الإلماء			CITY - S		action 110 07/2)(i) Florido Statutos I further cortif			

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 regiver or trustice empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in