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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

P94000031369 (9)

FA-BO PAPER INC.

**FILED** Apr 01 1998 8:00am Secretary of State



Program Jace of Business	Mailing Address	· <del>-</del>	E HODATOBA ALO CONTRE BANGE BANGE BANGE BANGE BANGE AND BANGE BANGE AND BANGE BANGE BANGE BANGE BANGE BANGE	
-1090 RAINTREE	JOSO RAINTREE			
PALM BEACH GARDENS FL 33410 PALM BEACH GARDENS FL US		. 33410	DO NOT WRITE IN THIS SPACE	
US US			3. Date Incorporated or Qualified	
			04/26/1994	
2. Principal Place of Business	2a. Mailing Address	· · · · · · · · · · · · · · · · · · ·	4. FEI Number Applie	d For
21 1060 RAINTREE DR	26 160 RAIN	TREE DR	<b>65-0479854</b> Not A	pplicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired  \$8.75 Add Fee Requi	1
City & State	City & State		6. Election Campaign Financing \$5.00 Ma	v Be
23	28		Trust Fund Contribution Added to F	
Zip Country	Zıp	Country	8. This corporation owes or has paid the current year Intend	
24 25	29 30	<u> </u>	Personal Property Tax due June 30. Yes N	10
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent				
LIM, MILLIAN K		81 Name		1
/060 -1090 RAINTREE 8			ress (P.Q. Box Number is Not Acceptable)	
PALM BEACH GARDENS FL 33410	)	1000	O RAIDINGE DR	
3		83		1
		84 City 201	M. BEACH GARDENS FL 85 3589	90
11. Pulsuant to the provisions of Sections 607.050	02 and 607.1508, Florida Statutes,	the above-named corp	poration submits this statement for the purpose of changing its re	gistered
agent. I am familiar with, and accept the oblig	e of Honda. Such change was autations of, Section 607.0505, Florid	da Statules.	tion's board of directors. I hereby accept the appointment as reg	ISTOLOGI
SIGNATURE Signature, typ od or printed name of registered ag	uni and title if applicable. (NOTE: F	tegistered Agent signature requi	red when reinstaling) DATE	
	D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IF	N 12
TITLE D/P	DELETE	1.1 TITLE	Change L	Addition
NAME LIM, MILLIAN K		1.2 NAME	2- 1-2- XA	1
STREET ADDRESS		1.3 STREET ADDRESS	1060 RAINTREE DR PALM BEACHGARDINS FL 3341	
CITY-ST-ZIP PALM BEACH GARDENS FL	33410	1.4 CITY-ST-ZIP	DIM BEACH GARDENS IL 3041	, <sub>U</sub>
TITLE	☐ DELETE	2.1 TITLE	Change L	Addition
NAME		2.2 NAME		
STREET ADDRESS		2.3 STREET ADDRESS		
CITY-ST-ZIP		2. 4 CITY-ST-ZIP		
TITLE	DELETE	3.1 TITLE	Change L	_] Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4. CITY-ST-ZIP		
TITLE	DELETE	4.1 TITLE	Change	Addition
NAME		4. 2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-S1-ZIP		4.4 CITY - ST - ZIP		
TITLE	☐ DELETE	5.1 TITLE	Change	Addition
NAME		5.2 NAME	11 (1	/
STREET ADDRESS		5.3 STREET ADDRESS	$+$ 11 ) $\Psi$	11
CITY-ST-ZIP		5.4 CITY - ST - ZIP		<b> </b> _
TITLE	☐ DELETE	6.1 TITLE	500002475 <b>94</b> 900 1 -04/01/9801093025	[] Addition
NAME		6.2 NAME	-04/01/9801093025	
STREET ADDRESS		6.3 STREET ADDRESS	***150 <b>.</b> 00	
CITY-ST-ZIP		6.4 CITY - ST - ZIP		

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. 2/26/98