

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. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P94000054439 (2)

1. Corporation Name

FABIAN ASSOCIATES, INC.



Principal Place of Business

Mailing Address

396 BARBERRY LANE  
ALTAMONTE SPRINGS FL 32714

396 BARBERRY LANE  
ALTAMONTE SPRINGS FL 32714

3. Date Incorporated or Qualified  
07/15/1994

3a. Date of Last Report  
08/11/1995

2. Principal Place of Business  
21 521 WHISPERWOOD DR.

2a. Mailing Address  
26 521 WHISPERWOOD DR.

4. FEI Number  
59-3268634

Applied For  
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22  
City & State  
23 LONGWOOD, FL

27  
City & State  
28 LONGWOOD, FL

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

24 Zip 32779 25 Country SC

29 Zip 32779 30 Country US

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

FABIAN, ROBERT L  
396 BARBERRY LANE  
ALTAMONTE SPRINGS FL 32714

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City LONGWOOD FL 85 Zip Code 32779

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

*Robert L. Fabian*

*8/6/96*

Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when terminating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VD  
NAME FABIAN, ROBERT L  
STREET ADDRESS 396 BARBERRY LANE  
CITY - ST - ZIP ALTAMONTE SPRINGS FL

11 TITLE  
12 NAME  
13 STREET ADDRESS 521 WHISPERWOOD DR  
14 CITY - ST - ZIP LONGWOOD FL 32779

TITLE PD  
NAME FABIAN, MARY B  
STREET ADDRESS 396 BARBERRY LANE  
CITY - ST - ZIP ALTAMONTE SPRINGS FL

21 TITLE  
22 NAME  
23 STREET ADDRESS 521 WHISPERWOOD DR  
24 CITY - ST - ZIP LONGWOOD FL 32779

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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)(k), 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:

*Robert L. Fabian*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*8/6/96*  
DATE

*407-774-2842*  
TELEPHONE #

CR2E034 (3/96)