PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000067221

1. Corporation Name

AFAB TECHNOLOGIES, INC.

Principal Place	e of Business	Mailing Address		1 183(188) 110 14(1) 810 14(1) 810 14(1)	
11420 FORTUN		PO BOX 1519			
3 LOXAHATCHEE FL 33470			DO NOT WRITE IN	THIS SPACE	
WELLINGTON FL 33414 US			3. Date Incorporated or Qualifed	THIS STACE	
US				1	
				09/13/1994 4. FEI Number	
<u></u>	lace of Business	2a. Mailing Address		**	Applied For
21		26		65-0520068	Not Applicable \$8.75 Additional
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	Fee Required
22		27			
City & State	le ,	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23		28	Country		
Zip	Country	Zip	~n ´	 This corporation owes the current year Personal Property Tax. 	Yes No
24	25	29 30		10. Name and Address of New Registe	
	9. Name and Address of Curren	t Registered Agent	81 Name	IV. Name and Address of New Adgrad	
DEI 0	FREY, JOY		UT Namo	·	
	26 STAIMFORD DR.		82 Street A	Address (P.O. Box Number is Not Acceptable)	
		•			
WEL	LINGTON FL 33414		83		
			84 City		FL 85 Zip Code
11, Pursuant	registered agent of hoth in the State (of Florida. Such change was autr	iorized by the corbo	ration's board of directors. I hereby accept the a	ippointment as registered - 1
office or r	um familiar with, and accept the obligation of the control of the	of Florida. Such change was autritions of, Section 607.0505, Floridations of Section 607.0505, Floridation 607.0505, Flori	nonzed by the corpo a Statutes.	equired when reinstating) DA	IE
Signature 12.	am familiar with, and accept the obligation of the strength of	of Florida. Such change was autritions of, Section 607.0505, Florid tions of applicable. (NOTE: Re	a Statutes. Signature Agent signature re	equired when reinstating) ADDITIONS/CHANGES TO OFFICER	IE IS AND DIRECTORS IN 12
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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 suppliemental 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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90042 023 ***150.00