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

**PROFIT** CORPORATION ANNUAL REPORT

1998

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STREET ADDRESS

STREET ADORESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9600007289 (7)

FARABEE INTERNATIONAL SALES AND SERVICE CO., INC.

Principal Place of Business Mailing Address **% DALE FARABEE** % DALE FARABEE P.O. BOX 13329 P.O. BOX 13329 FT. PIERCE FL 34979-3329 FT. PIERCE FL 34979-3329 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/19/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0650683 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Yes □ No Personal Property Tax due June 30. 24 29 30 9. Name and Address of Current Registered Agent 10, Name and Address of New Registered Agent FARABEE, DALE 81 4838 SOUTH U.S. HIGHWAY ONE Street Address (P.O. Box Number is Not Acceptable) FT. PIERCE FL 34982 83 Zip Code 85 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. N/A **SIGNATURE** Signature, typed or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. PD DELETE Change Addition TITLE 1.1 TITLE FARABEE, DALE NAME 1.2 NAME 4838 SOUTH U.S. HIGHWAY ONE STREET ADDRESS 1.3 STREET ADDRESS FT. PIERCE FL 34982 CITY - ST- ZIP 1.4 CITY-ST-ZIP DELETE TITLE 21 TITLE Change Addition NAME 2.2 NAME STREET ADDRESS 23 STREET ADDRESS 2 4 CITY-ST-ZIP CITY-ST-ZIP DELETE TITLE ☐ Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change Addition TITLE 4 1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE

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 chapted, or on an attachment with an address.

5.2 NAME

61 TITLE

6.2 NAME

□ D€LETE

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY - ST - ZIP

561-467-9585

February 6, 1998

Change

Addition

**FILED** 

Feb 11 1998 8:00am

Secretary of State