

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

FILED

**May 09 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000053514 (1)
1. Corporation Name:
FAWCETT-ABRAHAM ENTERPRISES, INC.



Principal Place of Business: **885 S.E. 47TH TERRACE CAPE CORAL FL 33904**
Mailing Address: **885 S.E. 47TH TERRACE CAPE CORAL FL 33904-9079**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21	1927 Hill Ave.	26	4612 S.W. 13th Ave.	06/24/1996	
Suite, Apt #, etc.		Suite, Apt #, etc.		4. FEI Number	Applied For
Apt. # 3				65-0671869	Not Applicable
City & State		City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
Ft. Myers, FL		CAPE CORAL, FL		<input type="checkbox"/>	
23	Zip	25	Country	28	29
33901	USA	33914	USA	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24		25		29	
33901		USA		30	
33901		USA		30	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
FAWCETT, KATHLEEN 885 S.E. 47TH TERRACE CAPE CORAL FL 33904				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				1927 Hill Ave.			
				83	Apt. # 3		
				84	City	85	Zip Code
				Ft. Myers		FL	33901

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 filing with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: *K. Fawcett* **KATHLEEN E. FAWCETT PRES.** DATE: **4-29-97**

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE		1.1 TITLE	D, P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FAWCETT, KATHLEEN			1.2 NAME	KATHLEEN FAWCETT		
STREET ADDRESS	885 S.E. 47TH TERRACE			1.3 STREET ADDRESS	1927 Hill Avenue, #3		
CITY-ST-ZIP	CAPE CORAL FL 33904			1.4 CITY-ST-ZIP	Ft. Myers, FL 33901		
TITLE		<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				2.2 NAME			
STREET ADDRESS				2.3 STREET ADDRESS			
CITY-ST-ZIP				2.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I do 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.

SIGNATURE: *K. Fawcett* **KATHLEEN E. FAWCETT, PRES.** DATE: **4 29 97**

CR2E034 (9/96)