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**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: **21 1927 Hill Ave.**
Suite, Apt #, etc.: **22 Apt. #3**
City & State: **23 Ft. Myers, FL**
Zip: **24 33901** Country: **25 USA**

2a. Mailing Address: **26 4612 S.W. 13th Ave.**
Suite, Apt #, etc.: **27**
City & State: **28 CAPE CORAL, FL**
Zip: **29 33914** Country: **30 USA**

3. Date Incorporated or Qualified: **06/24/1996**
3a. Date of Last Report:
4. FEI Number: **65-0671869**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent:
**FAWCETT, KATHLEEN
885 S.E. 47TH TERRACE
CAPE CORAL FL 33904**

10. Name and Address of New Registered Agent:
81 Name: **KATHLEEN FAWCETT**
82 Street Address (P.O. Box Number is Not Acceptable): **1927 Hill Ave.**
83: **APT. #3**
84 City: **Ft. MYERS** FL 85 Zip Code: **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 familiar 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

TITLE	D	<input type="checkbox"/> DELETE
NAME	FAWCETT, KATHLEEN	
STREET ADDRESS	885 S.E. 47TH TERRACE	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D, P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	KATHLEEN FAWCETT	
1.3 STREET ADDRESS	1927 Hill Avenue, #3	
1.4 CITY-ST-ZIP	Ft. MYERS, FL 33901	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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)