

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

FILED
May 07 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000084814 (8)

1. Corporation Name
FAHLSTROM BROTHERS, INC.

Principal Place of Business
1092 EAST ORANGE AVENUE
WINTER SPRINGS FL 32708

Mailing Address
1092 EAST ORANGE AVENUE
WINTER SPRINGS FL 32708



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/08/1996	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-3408574	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent FAHLSTROM, PAUL C 1092 EAST ORANGE AVENUE WINTER SPRINGS FL 32708				10. Name and Address of New Registered Agent	
				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				FL	85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

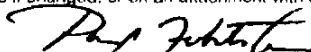
(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	NAME	DELETED	1. TITLE	2. NAME	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS	131 N CORTEZ AVE		1.3 STREET ADDRESS		
CITY - ST - ZIP	WINTER SPRINGS FL		1.4 CITY - ST - ZIP		
TITLE	VP	DELETED	2.1 TITLE	2.2 NAME	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
NAME	FAHLSTROM, RICHARD P.		2.3 STREET ADDRESS	→ FAHLSTROM	
STREET ADDRESS	131 N CORTEZ AVE		2.4 CITY - ST - ZIP		
CITY - ST - ZIP	WINTER SPRINGS FL		3.1 TITLE	3.2 NAME	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
TITLE	ST	DELETED	3.3 STREET ADDRESS	↗	
NAME	FAHLSTROM, PAUL		3.4 CITY - ST - ZIP		
STREET ADDRESS	1092 E ORANGE AVE		4.1 TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>
CITY - ST - ZIP	WINTER SPRINGS FL		4.2 NAME		
TITLE		DELETED	4.3 STREET ADDRESS		
NAME			4.4 CITY - ST - ZIP		
STREET ADDRESS			5.1 TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>
CITY - ST - ZIP			5.2 NAME		
TITLE		DELETED	5.3 STREET ADDRESS		
NAME			5.4 CITY - ST - ZIP		
STREET ADDRESS			6.1 TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>
CITY - ST - ZIP			6.2 NAME		
TITLE		DELETED	6.3 STREET ADDRESS		
NAME			6.4 CITY - ST - ZIP		
STREET ADDRESS					
CITY - ST - ZIP					

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 changed, or on an attachment with an address

SIGNATURE:



PAUL FAHLSTROM

4-28-98

(407) 327-6457

CR2E034 (10/97)