

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 2002.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
2002



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

DOCUMENT # P97000028034

1. Corporation Name  
FASEY, INC.

Principal Place of Business  
10977 HIDDEN LAKE PLACE  
BOCA RATON, FL 33498

Mailing Address  
10977 HIDDEN LAKE PLACE  
BOCA RATON, FL 33498

**FILED**  
**Jun 17, 2002 8:00 am**  
**Secretary of State**

05-07-2002 90216 030 \*\*\*150.00

93345

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		26		4. FEI Number 65-0740548		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
23		28		10. Name and Address of New Registered Agent			
Zip		Zip		81 Name			
24		29		82 Street Address (P.O. Box Number is Not Acceptable)			
Country		Country		83			
25		30		84 City		FL 85 Zip Code	
9. Name and Address of Current Registered Agent				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.			
PITTER, CARL S 7447 NORTH WEST 57th STREET TAMARAC, FL 33319				6/10/2002			
SIGNATURE <i>Carl S. Pitter</i>				DATE			
(NOTE: Registered Agent signature required when reinstating)							
12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
<input type="checkbox"/> DELETE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
1. TITLE D/P/T/S				1.1 TITLE			
2. NAME GRINSHUPUN, EMILIA				1.2 NAME			
3. STREET ADDRESS 10977 HIDDEN LAKE PLACE				1.3 STREET ADDRESS			
4. CITY-ST-ZIP BOCA RATON, FL 33498				1.4 CITY-ST-ZIP			
<input type="checkbox"/> DELETE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
1. TITLE VP/D				2.1 TITLE			
2. NAME GRINSHUPUN, YAKOV				2.2 NAME			
3. STREET ADDRESS 10977 HIDDEN LAKE PLACE				2.3 STREET ADDRESS			
4. CITY-ST-ZIP BOCA RATON, FL 33498				2.4 CITY-ST-ZIP			
<input type="checkbox"/> DELETE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
1. TITLE				3.1 TITLE			
2. NAME				3.2 NAME			
3. STREET ADDRESS				3.3 STREET ADDRESS			
4. CITY-ST-ZIP				3.4 CITY-ST-ZIP			
<input type="checkbox"/> DELETE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
1. TITLE				4.1 TITLE			
2. NAME				4.2 NAME			
3. STREET ADDRESS				4.3 STREET ADDRESS			
4. CITY-ST-ZIP				4.4 CITY-ST-ZIP			
<input type="checkbox"/> DELETE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
1. TITLE				5.1 TITLE			
2. NAME				5.2 NAME			
3. STREET ADDRESS				5.3 STREET ADDRESS			
4. CITY-ST-ZIP				5.4 CITY-ST-ZIP			
<input type="checkbox"/> DELETE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
1. TITLE				6.1 TITLE			
2. NAME				6.2 NAME			
3. STREET ADDRESS				6.3 STREET ADDRESS			
4. CITY-ST-ZIP				6.4 CITY-ST-ZIP			
<input type="checkbox"/> DELETE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.							
SIGNATURE: <i>Y. Grinshupun</i>				4/9/02			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #			