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

PROFIT CORPORATION ANNUAL REPORT

1998

FIBRTRAN, INC.



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

S79872

(5)

FILED Jun 22 1998 8:00am Secretary of State



Principal Pla	ce of Business	Mailing Address		L LONGINGTO LIGHT COURT COURT TO LIGHT FOR THE STORY DIGIT WINDS DIGIT OF THE COURT WINDS
26222 SW 122ND PL 26222 SW 122ND PL				
HOMESTEAD FL 33032		HOMESTEAD FL 33032		
				DO NOT WRITE IN THIS SPACE
				3. Date Incorporated or Qualified 09/12/1991
	Place of Business	2a. Mailing Address		4. FEI Number Applied For
Suite, Apt	H ato	26		65-0284366 Not Applicable
Suite, Apt		Suite, Apt. #, etc.		5. Certificate of Status Desired S8.75 Additional Fee Required
23		28		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Ζιρ	Country	7(6)	Country	This corporation owes or has paid the current year Intangible
24	25	29	30	Personal Properly Tax due June 30. Yes No
	9. Name and Address of Curr	ent Registered Agent	<u>. </u>	10. Name and Address of New Registered Agent
A	BERÇROMBIE, WRAY		81 Na	ame
1611 5 SW 117TH AVE *SUITE 25			82 Str	reet Address (P.O. Box Number is Not Acceptable)
			3"	our nations (i.e., box national is not Acceptable)
MIAME FL 33177			83	
į			84 Cit	ly 85 Zip Code
				red corporation submits this statement for the purpose of changing its registered
SIGNATURE	Signature, typed or precedure as of recestived a OFFICERS A	genk and the chaplicable (NOI ND DIRECTORS	E: Registered Agent sign	nature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
THLE	1	DLIFIE	1.1 TITLE	Change Addition
NAME	LEONHARDT, HELEN		1.2 NAME	4
STREET ADDRESS	26222 SW 122 PL		1.3 STREET ADDRE	ESS
CITY-ST-ZIP	HOMESTEAD FL		1.4 CHTY-ST-ZIP	
TITLE	76	☐ DELETE	21 TITLE	PD WILLIAM K BURKE Change Addition
NAME			2.2 NAME	26222 SW 122PL
STREET ADDRESS			2.3 STREET ADDRE	16222 SW 122PL Homestero, FL 33032
CITY-ST-ZIP		····	2. 4 C(1Y - ST - Z)P	112000 1000 1000
TITLE		☐ DELETE	3.1 TITLE	Change Addition
NAME			3.2 NAME	
STREET ADORESS			3.3 STREET ADDRE	1
CITY-\$T-ZIP		Total te	3.4. CHY-ST-7IP	
TITLE		L_J DELETE	4.1 TITLE	Change Addition
NAME STOCET ADODGEC			4. 2 NAME	1/2/12
STREET ADDRESS			4.3 STREET ADDRE	⁵⁵ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
CITY-ST-ZIP TITLE		DELETE	4.4 CITY-ST-ZIP 5.1 THLE	Change Addition
NAME		Detect	5 2 NAME	/ Change Audition
STREET ADDRESS	1			ree l
CITY-ST-ZIP			5.3 STREET ADDRE	
TITLE		DELFTE	5.4 CHTY+S1+ZIP 6.1 THTLE	Change Addition
NAME		DELITE	6.2 NAME	
STREET ADORESS			6.3 STREET ADDRE	-06/23/3801012042
CITY-ST-ZIP		_	6.3 STREET APPINE	-08/23/3801012042 ***150.00

14. Thereby 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 suppliemental immual/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 of the receiver or director of the corporation o

120/08