SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **V47790** **(3)**

1. Corporation Name

FABLE, INC.

Principal Place of Business	Mailing Address
18548 HARBOR LIGHT WAY BOCA RATON FL 33498	18548 HARBOR LIGHT WAY BOCA RATON FL 33498

3. Date Incorporated or Qualified: **06/29/1992**
3a. Date of Last Report: **12/20/1995**

2. Principal Place of Business — 21 — Suite, Apt. #, etc 22 — City & State 23 — Zip 24 — Country 25
2a. Mailing Address — 26 — Suite, Apt. #, etc 27 — City & State 28 — Zip 29 — Country 30

4. FEI Number: **65-0345610** ☐ 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

COHEN, FREEMAN
18548 HARBOR LIGHT WAY
BOCA RATON FL 33498

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 ______ DATE ______

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	**STD**	☐ DELETE
NAME	**COHEN, FREEMAN**	
STREET ADDRESS	**18548 HARBOR LIGHT WAY**	
CITY-ST-ZIP	**BOCA RATON FL 33498**	
TITLE	**P**	☐ DELETE
NAME	**COHEN, ARNIE**	
STREET ADDRESS	**18548 HARBOR LIGHT WAY**	
CITY-ST-ZIP	**BOCA RATON FL 33498**	
TITLE	**VP**	☐ DELETE
NAME	**COHEN, LARRY**	
STREET ADDRESS	**18548 HARBOR LIGHT WAY**	
CITY-ST-ZIP	**BOCA RATON FL 33498**	
TITLE	**VP**	☐ DELETE
NAME	**BELLACK, LARRY**	
STREET ADDRESS	**18548 HARBOR LIGHT WAY**	
CITY-ST-ZIP	**BOCA RATON FL 33498**	
TITLE	**VPD**	☐ DELETE
NAME	**COHEN, BARBARA**	
STREET ADDRESS	**18548 HARBOR LIGHT WAY**	
CITY-ST-ZIP	**BOCA RATON FL 33498**	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ 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 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: [signature] FREEMAN COHEN 6/23/96 407-883-5205

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (3/96)