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Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # V58867 (5)

1. Corporation Name
FABREX LEASING, INC.

Principal Place of Business
11319 GEORGETOWN CIR.
TAMPA FL 33635
US

Mailing Address
11319 GEORGETOWN CIR.
TAMPA FL 33635-1556
US



3. Date Incorporated or Qualified 08/20/1992
3a. Date of Last Report 03/21/1996

2. Principal Place of Business 2a. Mailing Address
21 816 W. MARTIN L. KING BLVD 816 W. MARTIN LUTHER KING BLVD. 59-3218126
Suite, Apt. #, etc. Suite, Apt. #, etc.

22 City & State 27 City & State
23 Tampa, FL 28 Tampa, FL
Zip Country Zip Country

24 33 603 25 USA 29 33 603 30 USA
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent

ELIAS, STEVEN D.
1164 EAST OAKLAND PARK BLVD.
SUITE 200
FT. LAUDERDALE FL 33334

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 fee if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DPS	DELETE		1.1 TITLE	Change	Addition	
NAME	PARE, PIERRE			1.2 NAME			
STREET ADDRESS	11319 GEORGETOWN CIR.			1.3 STREET ADDRESS	201 Caspian Street		
CITY-ST-ZIP	TAMPA FL			1.4 CITY-ST-ZIP	TAMPA, FL 33 606		
TITLE	T	DELETE		2.1 TITLE	Change	Addition	
NAME	PARE, PIERRE			2.2 NAME			
STREET ADDRESS	11319 GEORGETOWN CIR.			2.3 STREET ADDRESS	201 Caspian Street		
CITY-ST-ZIP	TAMPA FL			2.4 CITY-ST-ZIP	TAMPA, FL 33 606		
TITLE		DELETE		3.1 TITLE	Change	Addition	
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE		DELETE		4.1 TITLE	Change	Addition	
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		DELETE		5.1 TITLE	Change	Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		DELETE		6.1 TITLE	Change	Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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: [Signature] 3/15/97 (813) 228-7771
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)