FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAR 21 PM 4:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 289010 (1)

1. Corporation Name
ABBA INC

ABBA BACH#1788 -$200.00

Principal Place of Business
18361 SW 57TH ST
FT. LAUDERDALE FL 33331-2233

Mailing Address
18361 SW 57TH ST
FT. LAUDERDALE FL 33331-2233

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/21/1965
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
4. FEI Number: 59-1154701 ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27)
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

City & State (23)
City & State (28)
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

Zip (24) Country (25)
Zip (29) Country (30)
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

SCUDDER,KENNETH R
18361 SW 57TH STREET
FORT LAUDERDALE FL 33331-2233

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City 33331-2233 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE		☐ Change ☐ Addition
NAME	SCUDDER,KENNETH R	1.2 NAME		
STREET ADDRESS	18361 SW 57TH ST	1.3 STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE FL	1.4 CITY-ST-ZIP	33331-2233	
TITLE	VD	2.1 TITLE		☐ Change ☐ Addition
NAME	SCUDDER, CAROLYN K	2.2 NAME		
STREET ADDRESS	18361 SW 57TH ST	2.3 STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE FL	2.4 CITY-ST-ZIP	33331-2233	
TITLE	VD	3.1 TITLE		☐ Change ☐ Addition
NAME	SCUDDER,CAROL A	3.2 NAME		
STREET ADDRESS	18361 SW 57TH ST	3.3 STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE FL	3.4 CITY-ST-ZIP	33331-2233	
TITLE	VD	4.1 TITLE		☐ Change ☐ Addition
NAME	KREIMEYER, SHIRLEY K	4.2 NAME		
STREET ADDRESS	3300 NE 36TH ST AP 821	4.3 STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL	4.4 CITY-ST-ZIP	33308	
TITLE	ST	5.1 TITLE		☐ Change ☐ Addition
NAME	SCUDDER, CAROLYN K	5.2 NAME		
STREET ADDRESS	18361 SW 57TH ST	5.3 STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE FL	5.4 CITY-ST-ZIP	33331-2233	
TITLE		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 is voluntarily furnished and 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: Carol A. Scudder V.P. CAROL A. SCUDDER VICE-PRES 15 March 1995 305/680-2223 or 305/522-1223
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0238800 CP