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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # 688526

(3)

A AND B INVESTMENTS AND ENTERPRISES, INC.

Principal Place of Business Mailing Address 8795 N ELIZABETH AVE 8795 N ELIZABETH AVE LAKE PARK FL 33418 LAKE PARK FL 33418-6117					·						
						3. Date Incorporated or Qualified 09/23/1980		ate of La 05/19		port	
2. Principal Place of Business 2a. Mailing Address						4, FEI Number Applied F					
26						59-2028588 Not Applicable 5. Certificate of Status Desired \$8.75 Additional Fee Regulred				ditional	
City & State City & State 23 28					<u></u>	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees					
Zip 24	Country 25	Zip	Zip Cour 29 30			8. This corporation has liability for intangible tax under s. 199.0: Florida Statutes					
[27]	9. Name and Address of Curre		130	T'''''	······	10. Name and Address of New R					
AUXIER, JAMES					Name	141					
8795 N ELIZABETH AVE.					Charact Addeds	ess (P.O. Box Number is Not Accepta	1-1-1				
LAKE PARK FL 33418					Street Addit	ess (P.O. Box Number is Not Accepta	ibie)			- 1	
								~			
					City	FL 85 Zip Code				ode	
11. Pursuant office or agent. La SIGNATURE	to the provisions of Sections 607.05 registered agent, or both, in the Statum familiar with, and accept the obli- Signature, which or printed name of registered a					oration submits this statement for the ion's board of directors. I hereby acce	purpose of opt the app	changi ointmer	ing its	registered agistered	
12.	OFFICERS A	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFI	CERS AND	DIREC	TORS	IN 12	
TITLE	• ••			TLE		Change _			Addition		
NAME				AME	{					ſ	
STREET ADDRESS	T			IREET	ADDRESS					•	
CHY-ST-ZIP	LAKE PARK FL				T-ZIP						
JULE	STD DELETE 2.1							Cha	ınge	Addition	
NAME	AUXIER, JENNA B.		2.2 N	_						ļ	
STREET ADDRESS	LAUT DADY TI				ADDRESS					ļ	
CITY - S1 - ZIP					ST-ZIP	Change Additi				Addition	
NAME				3.1 TITLE 3.2 NAME				LLI UN	n n g r	Mondu	
STREET ADORESS	J 17				T ADDRESS					}	
CHY-ST-ZIP	I · · · · ·				ST-ZIP						
THE	DELETE 4,11				21 - AF	Change Addi				Addition	
NAME			4.2 N		Ì						
STREET ADDRESS			- 1		ADDRESS						
CHY-ST-ZIP					T-ZIP					}	
11TLF		DELETE	1,7 0			**************************************		Cha		Addition	

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.

52 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

STREET ACHDRESS

CITY - \$1 - 7(P

CITY - ST- ZIP

Jenna 13. SIGNATURE AND TYPED OR PRI

auguer

DELETE

Jenna B. Auxier

4/5/9

FILED

Apr 10 1997 8:00am

Secretary of State

624-1020

Addition