

FILE NOW: FILING FEE IS \$61.25

FILED  
Mar 26 1998 8:00am  
Secretary of State

|                                                          |                                                                                   |                                                                                                           |
|----------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| NONPROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Norther</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|----------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|

DOCUMENT # **757858** (6)  
1. Corporation Name  
**ABATÉ OF FLORIDA, INC.**

|                                                                        |                                                            |
|------------------------------------------------------------------------|------------------------------------------------------------|
| Principal Place of Business<br><b>P.O. BOX 585<br/>DEBARY FL 32713</b> | Mailing Address<br><b>P.O. BOX 585<br/>DEBARY FL 32713</b> |
|------------------------------------------------------------------------|------------------------------------------------------------|

|                                                        |                                                        |
|--------------------------------------------------------|--------------------------------------------------------|
| 3. Date Incorporated or Qualified<br><b>05/06/1981</b> | Applied For<br><input type="checkbox"/> Not Applicable |
| 4. FEI Number<br><b>59-3101979</b>                     |                                                        |

|                                                                                                                                 |                                                                                                                      |
|---------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|
| 2. Principal Place of Business<br><b>21</b> Suite, Apt. #, etc.<br><b>22</b> City & State<br><b>23</b> Zip<br><b>24</b> Country | 2a. Mailing Address<br><b>25</b> Suite, Apt. #, etc.<br><b>26</b> City & State<br><b>27</b> Zip<br><b>28</b> Country |
|---------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                         |                                       |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                               | <b>\$8.75 Additional Fee Required</b> |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>                                                                                         | <b>\$5.00 May Be Added to Fees</b>    |
| 7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                          |                                       |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                       |

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**TISHLER, STEVEN D  
788 DUCK KEY DR.  
DUCK KEY FL 33050**

|                                                       |           |
|-------------------------------------------------------|-----------|
| 81 Name                                               |           |
| 82 Street Address (P.O. Box Number is Not Acceptable) |           |
| 83                                                    |           |
| 84 City                                               | <b>FL</b> |
| 85 Zip Code                                           |           |

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                                                |                                                                                  |                                            |                                                                |                                                                                       |                                                                              |
|------------------------------------------------|----------------------------------------------------------------------------------|--------------------------------------------|----------------------------------------------------------------|---------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>DP<br/>REICHENBACH, JAMES II<br/>P.O. BOX 712 N/A<br/>SILVER SPRINGS FL</b>   | <input type="checkbox"/> DELETE            | 1.1 TITLE<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY-ST-ZIP | <b>DP<br/>REICHENBACH, JAMES II<br/>251 N. HWY 314 A<br/>SILVER SPRINGS, FL 34488</b> | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>DS<br/>SAWYER, ELIZABETH<br/>73 AZALEA ROAD<br/>DEBARY FL 32713</b>           | <input type="checkbox"/> DELETE            | 2.1 TITLE<br>2.2 NAME<br>2.3 STREET ADDRESS<br>2.4 CITY-ST-ZIP |                                                                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VD<br/>INGLIS, ALBERT<br/>143 SW 29TH TERRACE<br/>CAPE CORAL FL 33914</b>     | <input checked="" type="checkbox"/> DELETE | 3.1 TITLE<br>3.2 NAME<br>3.3 STREET ADDRESS<br>3.4 CITY-ST-ZIP | <b>VP<br/>KING, ROBERT<br/>PO BOX 450413 N/A<br/>KISSIMMEE, FL 34745-0413</b>         | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>DT<br/>BUCHHOLZ, CHARLES<br/>73 AZALEA RD<br/>DEBARY FL 32713</b>             | <input type="checkbox"/> DELETE            | 4.1 TITLE<br>4.2 NAME<br>4.3 STREET ADDRESS<br>4.4 CITY-ST-ZIP |                                                                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>SAAT<br/>KING, ROBERT<br/>P.O. BOX 450413 N/A<br/>KISSIMMEE FL 34745-0413</b> | <input checked="" type="checkbox"/> DELETE | 5.1 TITLE<br>5.2 NAME<br>5.3 STREET ADDRESS<br>5.4 CITY-ST-ZIP | <b>SAAT<br/>DANIEL, IVAN<br/>PO BOX 676 N/A<br/>MIMS, FL, 32754-0676</b>              | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>MT<br/>YOUNG, LINDA<br/>P.O. BOX 540778 N/A<br/>MERRITT ISLAND FL</b>         | <input type="checkbox"/> DELETE            | 6.1 TITLE<br>6.2 NAME<br>6.3 STREET ADDRESS<br>6.4 CITY-ST-ZIP |                                                                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |

14. I 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Robert King** Date: **3/16/98** (407) 668-5006

CR2E037 (10/97)