

**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. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **846175** (8)

1. Corporation Name

A.B.J., INC.



Principal Place of Business: **700 NW 12TH AVE DEERFIELD BCH FL 33442**
Mailing Address: **700 NW 12TH AVE DEERFIELD BCH FL 33442**

3. Date Incorporated or Qualified 06/09/1980	3a. Date of Last Report 03/27/1995
4. FEI Number 41-0875724	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
RUSH, DAVID H 700 NW 12TH AVE DEERFIELD BCH FL 33442		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 _____ (NOTE: Registered Agent signature required when re-registering) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUSH, DAVID H	12 NAME	
STREET ADDRESS	700 NW 12TH AVE	13 STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BCH FL	14 CITY-ST-ZIP	
TITLE	TSD <input type="checkbox"/> DELETE	21 TITLE	TSD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JENKINS, DWAIN	22 NAME	Rush, Miriam
STREET ADDRESS	700 NW 12 AVENUE	23 STREET ADDRESS	700 N.W. 12th Ave
CITY-ST-ZIP	DEERFIELD BEACH FL	24 CITY-ST-ZIP	Deerfield Beach, Fla. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D <input type="checkbox"/> DELETE	31 TITLE	D
NAME	MUTER, GARY	32 NAME	Potashnick, Maisie
STREET ADDRESS	700 NW 12 AVENUE	33 STREET ADDRESS	700 NW 12th Ave
CITY-ST-ZIP	DEERFIELD BEACH FL	34 CITY-ST-ZIP	Deerfield Beach, Fla. <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	41 TITLE	
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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: *David H. Rush* **DAVID H. RUSH** **6-7-96** **(954) 421-8450**
SIGNATURE AND TITLE OF REGISTERED AGENT OR TRUSTEE, RECEIVER OR DIRECTOR

CR2E034 (3/96)