

2-26-97 B-2347 NC
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 Feb 26 1997 8:00am
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # **H84442** (3)
 1. Corporation Name
ABBS INVESTMENTS, INC.



Principal Place of Business: **1946 KINGSLEY AVE. ORANGE PARK FL 32073**
 Mailing Address: **1946 KINGSLEY AVE. ORANGE PARK FL 32073-4442**

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields.

3. Date Incorporated or Qualified: **10/31/1985**
 3a. Date of Last Report: **03/13/1996**
 4. FEI Number: **NOT APPLICABLE**
 5. Certificate of Status Desired: \$8.75 Additional Fee Required
 6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**ALTMAN, ELMER L. JR.
 1065 BIRCHWOOD DRIVE
 ORANGE PARK FL 32065**

10. Name and Address of New Registered Agent (81-85)

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 reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	ALTMAN, ELMER L. JR.	
STREET ADDRESS	1065 BIRCHWOOD DRIVE	
CITY-ST-ZIP	ORANGE PARK FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	ALTMAN, REBECCA W.	
STREET ADDRESS	1065 BIRCHWOOD DRIVE	
CITY-ST-ZIP	ORANGE PARK FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	HENDRIX, WILLIAM D.	
STREET ADDRESS	1065 BIRCHWOOD DRIVE	
CITY-ST-ZIP	ORANGE PARK FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	HENDRIX, G. SCOTT	
STREET ADDRESS	1065 BIRCHWOOD DR.	
CITY-ST-ZIP	ORANGE PARK FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 included 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 recorder 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 or changed, or on an attachment to my address.

SIGNATURE: *Elmer L. Altman Jr.* **ELMER L. Altman JR**
 _____ Date: **2/22/97** 904-272-6942
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)