

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

**FILED**  
Mar 26 1996 8:00 am  
Secretary of State

DOCUMENT # **M11224 (6)**

1. Corporation Name  
**ABLE SOUTH, INC.**



Principal Place of Business: **4165 N. DIXIE HWY POMPANO BEACH FL 33064**  
Mailing Address: **4165 N. DIXIE HWY POMPANO BEACH FL 33064**

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

3. Date Incorporated or Qualified: **02/12/1985**  
3a. Date of Last Report: **01/27/1995**  
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: **JOHNSON, JOHN R. 100 E. SAMPLE RD #330 POMPANO BEACH FL 33064**  
10. Name and Address of New Registered Agent (81-85)

11. Pursuant to the provisions of Sections 607.0502 and 607.0503, 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 607.0503, Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE: <b>PD</b>	<input type="checkbox"/> DELETE	1. TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME: <b>SUGGS, JOHN P.</b>		2. NAME: _____	
3. STREET ADDRESS: <b>100 E. SAMPLE RD #330</b>		3. STREET ADDRESS: _____	
4. CITY - ST - ZIP: <b>POMPANO BEACH FL</b>		4. CITY - ST - ZIP: _____	
5. TITLE: <b>S</b>	<input type="checkbox"/> DELETE	5. TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME: <b>SUGGS, ANGELA</b>		6. NAME: _____	
7. STREET ADDRESS: <b>100 E. SAMPLE RD #330</b>		7. STREET ADDRESS: _____	
8. CITY - ST - ZIP: <b>POMPANO BEACH FL</b>		8. CITY - ST - ZIP: _____	
9. TITLE: _____	<input type="checkbox"/> DELETE	9. TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME: _____		10. NAME: _____	
11. STREET ADDRESS: _____		11. STREET ADDRESS: _____	
12. CITY - ST - ZIP: _____		12. CITY - ST - ZIP: _____	
13. TITLE: _____	<input type="checkbox"/> DELETE	13. TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME: _____		14. NAME: _____	
15. STREET ADDRESS: _____		15. STREET ADDRESS: _____	
16. CITY - ST - ZIP: _____		16. CITY - ST - ZIP: _____	
17. TITLE: _____	<input type="checkbox"/> DELETE	17. TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME: _____		18. NAME: _____	
19. STREET ADDRESS: _____		19. STREET ADDRESS: _____	
20. CITY - ST - ZIP: _____		20. CITY - ST - ZIP: _____	
21. TITLE: _____	<input type="checkbox"/> DELETE	21. TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME: _____		22. NAME: _____	
23. STREET ADDRESS: _____		23. STREET ADDRESS: _____	
24. CITY - ST - ZIP: _____		24. 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or in Block 14 if attached with an address.

SIGNATURE: *John P. Suggs* (owner) 1-24-96 305-7849333  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE OF FILING

CR2E034 (12/95)

PRN 5-11-1594