

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

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # P92000004100 (3)

1. Corporation Name
ABE SPARER, INC.

Principal Place of Business
**8620 N.W. 23 STREET
PEMBROKE PINES FL 33024**

Mailing Address
**8620 N.W. 23 STREET
PEMBROKE PINES FL 33024**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/06/1992	3a. Date of Last Report 04/06/1994
4. FEI Number 65-0373247	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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 13800 SW 14 ST	26 13800 SW 14 ST
22 Suite, Apt. #, etc. C 103	27 Suite, Apt. #, etc. C 103
23 City & State HOLLYWOOD, FL	28 City & State HOLLYWOOD FL
24 Zip 33027-3507 25 Country	29 Zip 33027-3507 30 Country

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
SPARER, ABE 8620 N.W. 23 STREET 13800 SW 14 ST C-103 PEMBROKE PINES FL 33024 HOLLYWOOD, FL 33027-3507		B1 Name	
		B2 Street Address (P.O. Box Number is Not Acceptable)	13800 SW 14 ST C-103
		B3	
		B4 City	HOLLYWOOD FL
		B5 Zip Code	33027-3507

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 consent to the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: Abraham Sparer DATE: 4/4/95
Signature typed or printed name of registered agent if applicable. (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS	
TITLE	D	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPARER, ABE	1.2 NAME	
STREET ADDRESS	8620 N.W. 23 STREET	1.3 STREET ADDRESS	13800 SW 14 ST C-103
CITY, ST, ZIP	PEMBROKE PINES FL 33024	1.4 CITY, ST, ZIP	HOLLYWOOD FL 33027-3507
TITLE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY, ST, ZIP		2.4 CITY, ST, ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	60000149946
STREET ADDRESS		3.3 STREET ADDRESS	-05/26/95--01040--014
CITY, ST, ZIP		3.4 CITY, ST, ZIP	****200.00 ****200.00
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY, ST, ZIP		4.4 CITY, ST, ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		6.4 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)(b), 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. 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.

SIGNATURE: Abraham Sparer DATE: 4/4/95
Signature typed or printed name of signing officer or director **305 437-4839**