

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 16 1997 8:00am
Secretary of State

| | | |
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| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # P94000046779 (2)
 1. Corporation Name
ABLE MARKETING, INC.



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| Principal Place of Business 8536 120TH ST. N. SEMINOLE FL 34642 | Mailing Address 8536 120TH ST. N. SEMINOLE FL 33772-3949 |
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| 3. Date Incorporated or Qualified 06/20/1994 | 3a. Date of Last Report 04/19/1996 |
| 4. FEI Number 59-3246170 | 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 | |

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|---|---|
| 2. Principal Place of Business 21 George's Computers Suite, Apt. #, etc. | 2a. Mailing Address 26 11232 Park Blvd Suite, Apt. #, etc. |
| 22 City & State 23 Seminole, FL | 27 City & State 28 Seminole, FL |
| 24 Zip 33772 25 Country US | 29 Zip 33772 30 Country US |

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| 9. Name and Address of Current Registered Agent BROOKS, LYNN A 8536 120TH ST. N. SEMINOLE FL 34642 | 10. Name and Address of New Registered Agent 81 Name George Brooks 82 Street Address (P.O. Box Number is Not Acceptable) 8536 120th St N 83 Seminole, FL 84 City Seminole, FL 85 Zip Code 33772 |
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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: *[Signature]* DATE: **5/1/97**

| 12. OFFICERS AND DIRECTORS | |
|----------------------------|------------------------------------|
| TITLE | <input type="checkbox"/> DELETE |
| NAME | PS BROOKS, LYNN A |
| STREET ADDRESS | 8536 120TH ST N |
| CITY-ST-ZIP | SEMINOLE FL |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | VPT BROOKS, GEORGE |
| STREET ADDRESS | 8536 120TH ST N |
| CITY-ST-ZIP | SEMINOLE FL |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | Treasurer Jennifer Anderson |
| STREET ADDRESS | 11201 122nd Ave |
| CITY-ST-ZIP | Largo, FL 33778 |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | Secretary Nathan Anderson |
| STREET ADDRESS | 11201 122nd Ave |
| CITY-ST-ZIP | Largo, FL 33778 |
| 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 | |

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*****165.00**

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 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, changed, or on an attachment with an address.

SIGNATURE: *[Signature]* DATE: **5/1/97**

CR2E034 (9/96)