

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

05 MAY -1 PM 2:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000052992 (2)**

1. Corporation Name  
**ABI, INC.**

DO NOT WRITE IN THIS SPACE

Principal Place of Business: **1288 BLUEBERRY COURT  
ALTAMONTE SPRINGS FL 32714**  
Mailing Address: **1288 BLUEBERRY COURT  
ALTAMONTE SPRINGS FL 32714**

3. Date incorporated or Qualified: **07/15/1994** 3a. Date of Last Report

2. Principal Place of Business: 21 State App # etc: 22 City & State: 23 24 25 26 27 28 29 30 4. FFI Number: **59-3258007** Applied For:  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

7. This corporation has authority for incorporation law under the Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent: **HACHE, ANDREW  
1288 BLUEBERRY COURT  
ALTAMONTE SPRINGS FL 32714**  
10. Name and Address of New Registered Agent: 01 Name: 02 Street Address (P.O. Box Number is Not Acceptable): 03 04 City: **FL** 05 Zip Code:

11. Pursuant to the provisions of Sections 607 (b)(3) and 607 (5)(b) Florida Statutes, the above named corporation submits the statement for the purpose of changing its registered office or registered agent in 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 assent to the provisions of Section 607 (5)(b), Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.1 NAME: <b>D HACHE, ANDREW</b>	12.2 STREET ADDRESS: <b>1288 BLUEBERRY COURT</b>	13.1 NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.3 CITY, ST, ZIP: <b>ALTAMONTE SPRINGS FL 32714</b>	12.4 CITY, ST, ZIP:	13.2 NAME:	
12.5 NAME:	12.6 STREET ADDRESS:	13.3 STREET ADDRESS:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12.99 CITY, ST, ZIP:	12.100 NAME:	13.50 NAME:	

14. I, the undersigned, certify that the information supplied with this filing is substantially true and does not qualify for the exemption stated in Section 119.017, (b) Florida Statutes. I further certify that the information was filed as the annual report or supplemental annual report as 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 make this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE: *Andrew Hache* Andrew Hache 4/20/95 407-291-6733  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR