

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

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**FILED**  
**Aug 19, 1996 08:00 AM**  
**Secretary of State**

**DOCUMENT # P95000034886 (8)**  
1. Corporation Name  
**ABLE CORPORATION**



Principal Place of Business Mailing Address  
**3499 WEST HILLSBORO BOULEVARD  
DEERFIELD BEACH FL** **3499 WEST HILLSBORO BOULEVARD  
DEERFIELD BEACH FL**

3. Date Incorporated or Qualified **05/04/1995** 3a. Date of Last Report  
4. FEI Number  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**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Zip  
24 Country 29 Country  
25 Country 30 Country

9. Name and Address of Current Registered Agent  
~~KANOUSE, KEITH J~~  
~~2424 NORTH FEDERAL HIGHWAY~~  
~~SUITE 050~~  
~~BOCA RATON FL 33431~~

10. Name and Address of New Registered Agent  
81 Name **ROBERT N. GOLDSTEIN**  
82 Street Address (P.O. Box Number is Not Acceptable) **2300 CORPORATE BLDG, SUITE 118**  
83  
84 **BOCA RATON** **FL** 85 Zip Code **33431**

11. Pursuant to the provisions of Sections 607.0402 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 *R. Goldstein* **ROBERT N. GOLDSTEIN, CUSTODIAN** 7/31/96  
Signature of Registered Agent (Typed or Printed Name) Date

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>REILLY, WILLIAM J</b>	
STREET ADDRESS	<b>68 STEWART DRIVE</b>	
CITY-ST-ZIP	<b>POBTSMOUTH RI 02871</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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

11 TITLE	<b>CUSTODIAN, PRESIDENT</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	<b>ROBERT N. GOLDSTEIN</b>	
13 STREET ADDRESS	<b>2300 CORPORATE BLDG, SUITE 118</b>	
14 CITY-ST-ZIP	<b>BOCA RATON, FL 33431</b>	
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied in 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 on an attachment with an address.

SIGNATURE: *R. Goldstein* **ROBERT N. GOLDSTEIN** 7/31/96 561-997-4002  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE PHONE #

CR2E034 (12/95)