

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P95000042451 (1)
1. Corporation Name

ABMG, INC.



Principal Place of Business: 11201 N.W. 26TH DR. CORAL SPRINGS FL 33065
Mailing Address: 11201 N.W. 26TH DR. CORAL SPRINGS FL 33065

3. Date Incorporated or Qualified: 06/01/1995
3a. Date of Last Report: [blank]
4. FEI Number: [blank] 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: 21 Suite, Apt. #, etc.: [blank] 22 City & State: [blank] 23 Zip: [blank] Country: [blank]
2a. Mailing Address: 26 Suite, Apt. #, etc.: [blank] 27 City & State: [blank] 28 Zip: [blank] Country: [blank]

9. Name and Address of Current Registered Agent: ESPOSITO, GREGORY F JR. 8016 WILES ROAD STE 9 CORAL SPRINGS FL 33067
10. Name and Address of New Registered Agent: 81 Name: [blank] 82 Street Address (P.O. Box Number is Not Acceptable): [blank] 83 [blank] 84 City: [blank] 85 Zip Code: FL [blank]

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: [blank] (NOTE: Registered Agent signature required when reinstating) DATE: [blank]

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	NAME: GENTILE, ANNA	1.1 TITLE:	Change: <input type="checkbox"/> Addition: <input type="checkbox"/>
STREET ADDRESS: 11201 N.W. 26TH DR.	CITY-ST-ZIP: CORAL SPRINGS FL 33065	1.2 NAME:	
TITLE: VD	NAME: GENTILE, BEN	1.3 STREET ADDRESS:	Change: <input type="checkbox"/> Addition: <input type="checkbox"/>
STREET ADDRESS: 11201 N.W. 26TH DR.	CITY-ST-ZIP: CORAL SPRINGS FL 33065	1.4 CITY-ST-ZIP:	
TITLE: STD	NAME: MAZZUCA, MARIA	2.1 TITLE:	Change: <input type="checkbox"/> Addition: <input type="checkbox"/>
STREET ADDRESS: 11201 N.W. 26TH DR.	CITY-ST-ZIP: CORAL SPRINGS FL 33065	2.2 NAME:	
TITLE: [blank]	NAME: [blank]	2.3 STREET ADDRESS:	Change: <input type="checkbox"/> Addition: <input type="checkbox"/>
STREET ADDRESS: [blank]	CITY-ST-ZIP: [blank]	2.4 CITY-ST-ZIP:	
TITLE: [blank]	NAME: [blank]	3.1 TITLE:	Change: <input type="checkbox"/> Addition: <input type="checkbox"/>
STREET ADDRESS: [blank]	CITY-ST-ZIP: [blank]	3.2 NAME:	
TITLE: [blank]	NAME: [blank]	3.3 STREET ADDRESS:	Change: <input type="checkbox"/> Addition: <input type="checkbox"/>
STREET ADDRESS: [blank]	CITY-ST-ZIP: [blank]	3.4 CITY-ST-ZIP:	
TITLE: [blank]	NAME: [blank]	4.1 TITLE:	Change: <input type="checkbox"/> Addition: <input type="checkbox"/>
STREET ADDRESS: [blank]	CITY-ST-ZIP: [blank]	4.2 NAME:	
TITLE: [blank]	NAME: [blank]	4.3 STREET ADDRESS:	Change: <input type="checkbox"/> Addition: <input type="checkbox"/>
STREET ADDRESS: [blank]	CITY-ST-ZIP: [blank]	4.4 CITY-ST-ZIP:	
TITLE: [blank]	NAME: [blank]	5.1 TITLE:	Change: <input type="checkbox"/> Addition: <input type="checkbox"/>
STREET ADDRESS: [blank]	CITY-ST-ZIP: [blank]	5.2 NAME:	
TITLE: [blank]	NAME: [blank]	5.3 STREET ADDRESS:	Change: <input type="checkbox"/> Addition: <input type="checkbox"/>
STREET ADDRESS: [blank]	CITY-ST-ZIP: [blank]	5.4 CITY-ST-ZIP:	
TITLE: [blank]	NAME: [blank]	6.1 TITLE:	Change: <input type="checkbox"/> Addition: <input type="checkbox"/>
STREET ADDRESS: [blank]	CITY-ST-ZIP: [blank]	6.2 NAME:	
TITLE: [blank]	NAME: [blank]	6.3 STREET ADDRESS:	Change: <input type="checkbox"/> Addition: <input type="checkbox"/>
STREET ADDRESS: [blank]	CITY-ST-ZIP: [blank]	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)(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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: ANNA GENTILE [Signature] 6/16/96 954 753-2008
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE (Circle) (Circle) Phone #

CR2E034 (3/96)