

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

FILED
May 19 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Meatham Secretary of State DIVISION OF CORPORATIONS
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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 33065-3569
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/01/1995	3a. Date of Last Report 07/26/1996
21. Suite, Apt. #, etc.	22. City & State	26. Suite, Apt. #, etc.	27. City & State	4. FEI Number APPLIED FOR 65-0597357	Applied For <input type="checkbox"/> Not Applicable
23. Zip	24. Country	29. Zip	30. Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

ESPOSITO, GREGORY F JR.
8016 WILES ROAD STE 9
CORAL SPRINGS FL 33067

81. Name Anne Gentile
82. Street Address (P.O. Box Number is Not Acceptable)
83. 11201 NW 26 Drive
84. City Coral Springs
85. Zip Code FL 33065

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 *By Anne Gentile* **May 9 1997**
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		DELETED
TITLE	PD	<input type="checkbox"/>
NAME	GENTILE, ANNA	
STREET ADDRESS	11201 N.W. 26TH DR.	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	
TITLE	VD	<input type="checkbox"/>
NAME	GENTILE, BEN	
STREET ADDRESS	11201 N.W. 26TH DR.	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	
TITLE	STD	<input type="checkbox"/>
NAME	MAZZUCA, MARIA	
STREET ADDRESS	11201 N.W. 26TH DR.	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1. TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2. NAME			
1.3. STREET ADDRESS			
1.4. CITY-ST-ZIP			
2.1. TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2. NAME			
2.3. STREET ADDRESS			
2.4. CITY-ST-ZIP			
3.1. TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2. NAME			
3.3. STREET ADDRESS			
3.4. CITY-ST-ZIP			
4.1. TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2. NAME			
4.3. STREET ADDRESS			
4.4. CITY-ST-ZIP			
5.1. TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2. NAME			
5.3. STREET ADDRESS			
5.4. CITY-ST-ZIP			
6.1. TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2. NAME			
6.3. STREET ADDRESS			
6.4. CITY-ST-ZIP			

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 if changed, or on an attachment with an address.

SIGNATURE *By Anne Gentile* **May 9 1997**

CR2E034 (9/96)