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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## 1997 DOCUMENT # P0600057764 (8)

A.D. S	ABA ENTERPRISES, INC. ice of Business i ST.	Mailing Address 514 BRANCH ST. LANTANA FL 33462-452			
				3. Date Incorporated or Qualified 07/08/1996	3a. Date of Last Report
2. Principal	Place of Business	2a. Mailing Address 26		4. FEI Number 65-0684149	Applied For Not Applicable
Suite, Ap		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & St. 23	ate	City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Ζφ <b>24</b>	Country 25	Zip 29	Country 30		Yes 🖸 No
	9. Name and Address of Curre	ent Registered Agent		10. Name and Address of New Re	gistered Agent
51	NBA, ANTHONY D JR. 4 Branch St. Intana Fl 33482		<ul> <li>81 Name</li> <li>82 Street Ad</li> <li>83</li> <li>84 City</li> </ul>	dress (P.O. Box Number is Not Acceptab	FL 85 Zip Code
l office o	r registered agent, or both, in the Stat am familiar with, and accept the obli	e of Florida Such change wa gations of, Section 607.0505,	is authorized by the coroor	rporation submits this statement for the pation's board of directors. I hereby acception to the patient of the	urpose of changing its registered at the appointment as registered
12.	OFFICERS A	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12
TITLE	D	☐ DELETE	1.1 TITLE		Change Addition
NAME	SABA, ANTHONY D JR.		1.2 NAME		
STREET ADDRESS			1.3 STREET ADDRESS		
CHTY - ST - ZIP	LANTANA FL 33462		1.4 CITY - ST-ZIP		
1/1LF		DELETE	21 TITLE	· · · · · · · · · · · · · · · · · · ·	Change Addition
NAME:	1		2.2 NAME		
STREET ADORES	c .		2.3 STREET ADDRESS		
CITY-ST-ZIP			2. 4 CITY-ST-ZIP		
TITLE		DELETE	31 TIFLE		Change Addition
N/AME	1	•	3.2 NAME		·
STREET ADDRESS	s		3.3 STREET ADDRESS		
City - St - ZiP			3.4. CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4.2 NAME		
STREET ADDRES	s		4.3 STREET ADDRESS		
CH1Y-51-21F*			4.4 CITY - ST - ZIP		
TITLE		DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRES	s		5.3 STREET ADDRESS		
City-St-ZiP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		Change Addition
l			COUNTE		

**6.3 STREET ADDRESS** 

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 around 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 optimizes employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if hanged or on an attachment with an address.

SIGNATURE:

STREET ADDRESS

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone

**FILED** 

Apr 18 1997 8:00am

Secretary of State