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

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

P97000015331 (6)

ABC DJS, INC.

Trincipal Flace of Dusiness
1535-D PINE STREET
TALLAHASSEE FL 32303

## **FILED** Mar 06 1998 8:00am Secretary of State



Dringinal Place of Business Mailing Address POST OFFICE BOX 37007 TALLAHASSEE FL 32315-7007 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/18/1997 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3426946 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be  $\Box$ 23 Added to Fees 28 Trust Fund Contribution Zip Country Žip Country 8. This corporation owes or has paid the current year Intangible Yes 24 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name FERNANDEZ, ROBERTO 1535-D PINE STREET 82 Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE FL 32303 **B**3 RΔ City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)  DATE				
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PresideNT DELETE	1.1 TITLE	☐ Change ☐ Addition	
NAME	ROBERTO FERNANDEZ	1.2 NAME		
STREET ADDRESS	1535-D PINE STREET	1.3 STREET ADDRESS		
CITY-ST-ZIP	taliaHasseg FL 32303	1.4 CITY - ST - ZIP		
TITLE	Vice President DELETE	2.1 TITLE	Change Addition	
NAME	Managa Fernandez	2.2 NAME		
STREET ADDRESS	MAPANA FERNANDEZ 1535-D PINE STREET	2.3 STREET ADDRESS		
CITY - ST - ZIP	tailAITASSEE FL. 32303	2. 4 CITY-ST-ZiP		
TITLE	Se cre Mary DELETE	3.1 TITLE	Change Addition	
NAME	ROBERTO FERNANDEZ	3.2 NAME		
STREET ADDRESS	1535 D pine street	3.3 STREET ADDRESS		
CITY-ST-ZIP	1535- D PINE STREET tallaltass EE FL. 32303	3.4. CITY-ST-ZIP		
TITLE	Theasuren LI DELETE	4.1 TITLE	Change Addition	
NAME	MARPANA FERNANDEZ	4. 2 NAME		
STREET ADDRESS	1535. D PINE STREET	4.3 STREET ADDRESS		
CITY-ST-ZIP	tallAltASSET FG 32303	4.4 CITY-ST-ZIP		
TITLE	☐ DELETE	5.1 TITLE	Change Addition	
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition	
NAME		62 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY - ST - ZIP		

14. I hereby certify that the information supplied with this filling 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:

ROBERTO FERNANDEZ

3/1/08 (850) 561-0200