

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **L16854** (6)

1. Corporation Name
A AABACO ENTERPRISES, INC.



Principal Place of Business: % DAVID MERKATZ, 5030 CHAMPION BLVD #6173, BOCA RATON FL 33496
Mailing Address: % DAVID MERKATZ, 5030 CHAMPION BLVD #6173, BOCA RATON FL 33496

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields for Suite, Apt. #, City & State, Zip, and Country.

3. Date Incorporated or Qualified: 09/15/1989
3a. Date of Last Report: 01/20/1995
4. FEI Number: 65-0146087
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

MERKATZ, DAVID
5030 CHAMPION BLVD #6173
BOCA RATON FL 33496

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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

Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS
TITLE: P
NAME: MERKATZ, DAVID
STREET ADDRESS: 5030 CHAMPION BLVD #6173
CITY-ST-ZIP: BOCA RATON FL
[DELETE]

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE: C/M/T
1.2 NAME: DAVID MERKATZ
1.3 STREET ADDRESS: 5030 CHAMPION BLVD #6173
1.4 CITY-ST-ZIP: BOCA RATON FL. 33496
[Change] [Addition]
2.1 TITLE: P/S
2.2 NAME: MICHAEL I. RASKIN
2.3 STREET ADDRESS: 3211 NE 8 CT.
2.4 CITY-ST-ZIP: POMPANO BEACH, FLORIDA 33062
[Change] [Addition]
3.1 TITLE: [Change] [Addition]
3.2 NAME: [Change] [Addition]
3.3 STREET ADDRESS: [Change] [Addition]
3.4 CITY-ST-ZIP: [Change] [Addition]
4.1 TITLE: [Change] [Addition]
4.2 NAME: [Change] [Addition]
4.3 STREET ADDRESS: [Change] [Addition]
4.4 CITY-ST-ZIP: [Change] [Addition]
5.1 TITLE: [Change] [Addition]
5.2 NAME: [Change] [Addition]
5.3 STREET ADDRESS: [Change] [Addition]
5.4 CITY-ST-ZIP: [Change] [Addition]
6.1 TITLE: [Change] [Addition]
6.2 NAME: [Change] [Addition]
6.3 STREET ADDRESS: [Change] [Addition]
6.4 CITY-ST-ZIP: [Change] [Addition]

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *David Merkatz* David Merkatz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/6/96 (954) 978-9119
Date Daytime Phone #

CR2E034 (12/95)