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

PROFIT CORPORATION ANNUAL REPORT 1998



ELORIDA DEPARTMENT DE STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

№0X 290816

2a. Mailing Address

City & State

Zip

27

28

29

Suite, Apt. #, etc.

DOCUMENT # F94000001638 (5)

ABB INTERTRADE INC.

2. Principal Place of Business

Suite, Apt. #, etc.

23

24

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

Principal Place of Business Mailing Address P.O. BOX 290616 TAMPA FL 33687 P.O. TAMPÄ\FL 33687

7910 PIERCE HARUSLE PO

abbenzeller. Robert H

TAMPA FL 33810

Country

5819 SETH COMMERCE PARK BLVD.

. Name and Address of Current Registered Agent

FILED Feb 05 1998 8:00am Secretary of State

	DO NOT WRITE IN THIS SPA	.CE	
3.	Date Incorporated or Qualified		
	03/31/1994		
ŧ.	FEI Number	Applied For	
	36-3296312	Not Applicable	
5.		8.75 Additional Fee Required	
;.	Election Campaign Financing	\$5.00 May Be	
	Trust Fund Contribution	Added to Fees	
3.	This corporation owes or has paid the current year Intangible		
	Personal Property Tax due June 30.	es 🔲 No	
٥.	Name and Address of New Registered Agent		

1000024231

***150.00

-02/06/98--01004--024

Zip Code 33565

Addition

- 1 100 1100 1110 1211 1121 1121 1221 1121 1121 1121 1121 1121 1121 1121 1121 1121 1121 1121 1121 1121 1121 1

SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typied or printed name of registered agent and tide if applicable DATE OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TITLE 1.1 TITLE ABBENZELLER, ROBERT H 1.2 NAME NAME 7910 PIERCE HARWELL RD. STREET ADDRESS 1.3 STREET ADDRESS Plant City FL 33585 CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition TITLE 21 HILE $\mathcal{P}\mathcal{D}$ NAME ABBENZELLER, VIVIETTE P 22 NAME 7910 PIERCE HARWELL RD. 2.3 STREET ADDRESS STREET ADDRESS PLANT CITY FL 33565 CITY-ST-Z# 2. 4 CITY-ST-ZIP Change DELETE Addition 3.1 TITLE TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Addition 5.1 TITLE TITLE NAME 5.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-S1-ZIP 14. 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 true to 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 op an attachment with an address.

5.4 CITY - ST- ZIP

6.1 THILE

6.2 NAME

DELETE

Country

81

82

83

B4

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.

30