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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90065 014 ***150.00

DOCUMENT #	POGOCOCO 104	528
DOCUMENT II	F.Stunning	: 1/0

1. Corporation Name

A.B.I. OF HUDSON, INC.

|--|

Principal Plac	ce of Business	Mailing Address				
9241 DUFFER	СТ	9241 DUFFER CT		•		
HUDSON FL 34667 HUDS		HUDSON FL 34667	DO NOT WRITE IN THIS SPACE		THIS SPACE	
				3. Date Incorporated or Qualifed	THO STACE	
				01/01/1997		
2 D.::IC	Place of Business .	2a. Mailing Address		4. FEI Number		plied For
¬ / / //	2 11 5 4 n n	- 26 10424 S	CHARL DO	59-3417066		t Applicable
1 / 0 4 Suite, Apt.	# o's	Suite, Apt. #, etc.	SHADY DR	39 34 17 000	\$8.75	
2011e, Apr.	. #, etc.	27		5. Certificate of Status Desired	Fee Re	
City & Sta	OSON FL.	City & State 28 HUNSO	FL	Election Campaign Financing Trust Fund Contribution		
Zip	Country	Zip	Country	8. This corporation owes the current ye	ar Intangible	
4346	669 25 USA	29 34 669	30 <i>USP</i>	Personal Property Tax.	Yes	No
	9. Name and Address of Curren	t Registered Agent		10. Name and Address of New Regist	ered Agent	
			81 Name	ITTON RULA TA	nes A	SR.
	TENBURG, JAMES A SR.		82 Street Add	ress (P.O. Box Number is Not Acceptable)	100 11	<u> </u>
	1 DUFFER CT		104	24 SMARU DR		_
HU	DSON FL 34667		83			
			04 07 4 4		as Zin	Codo.
			84 City }/	UD50N	الاقتى 85 FL	1669
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statute	s, the above-named con	poration submits this statement for the purpo	se of changing its	registered
office or	registered agent, or both, in the State of	of Florida. Such change was aut	thorized by the corporati	ion's board of directors. I hereby accept the	appointment as re	gistered
agent. I a	am familiar with, and accept the obligat	Johs of, Section 607.0505, Flori	da Statutes.			
SIGNATURE	Signature, typed or printed name of registered egen	at and title if applicable. (NOTE: I	Registered Agent signature require	ed when reinstating) DA	TÉ .	
12.		D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICER	S AND DIRECTO	RS IN 12
TITLE	P	☐ DELETE	1.1 TITLE		☐ Change	Additio
NAME	WITTENBERG, JAMES A		1.2 NAME			
STREET ADDRESS	COLL DUESED COURT		1.3 STREET ADDRESS			
CITY-ST-ZIP	HUDSON FL 34667		1.4 CITY-ST-ZIP			
TITLE	1,000					
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CITY-ST-ZIP 14. I 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 receive) 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 or an attachment with an address, with all other like empowered.

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

□ DELETE

Change

Addition