

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

FILED  
Apr 09 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 267901 (7)			
1. Corporation Name <b>ABLE PROPERTIES INC</b>			
Principal Place of Business <b>5419 FLORAL BLUFF ROAD P.O. BOX 8563 JACKSONVILLE FL 32239</b>		Mailing Address <b>5419 FLORAL BLUFF ROAD P.O. BOX 8563 JACKSONVILLE FL 32239-0563</b>	
2. Principal Place of Business		2a. Mailing Address	
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	3. Date Incorporated or Qualified <b>03/12/1963</b>	
22. City & State	27. City & State	3a. Date of Last Report <b>04/22/1996</b>	
23. Zip	28. Zip	4. FEI Number <b>59-1032682</b>	
24. Country	29. Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
9. Name and Address of Current Registered Agent <b>SCHMIDT, WILLIAM C., JR. 5419 FLORAL BLUFF RD. JACKSONVILLE FL 32211</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. Name and Address of New Registered Agent		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
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.		81. Name	
SIGNATURE		82. Street Address (P.O. Box Number is Not Acceptable)	
83. City		84. Zip Code	
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
PD	SCHMIDT, WILLIAM C. JR.	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
5419 FLORAL BLUFF ROAD	JACKSONVILLE FL	2.1 TITLE	2.2 NAME
TD	JUDGE, QUENTIN H.	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
2083 OAKMONT DR.	JACKSONVILLE FL	3.1 TITLE	3.2 NAME
3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	4.1 TITLE	4.2 NAME
4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	5.1 TITLE	5.2 NAME
5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	6.1 TITLE	6.2 NAME
6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	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 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: <i>[Signature]</i>		4-2-97 904-725-6087	
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR		Date Day and Phone #	

CR2E034 (9/96)