

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -8 AM 9:17

DOCUMENT # 282848 (1)

1. Corporation Name
ABELEINA PROPERTIES INC

Principal Place of Business Mailing Address
C/O ROBERT A GEORGE, M D
55 N E FT ROYAL ISLE
FT LAUDERDALE FL 33308
C/O ROBERT A GEORGE, M D
55 N E FT ROYAL ISLE
FT LAUDERDALE FL 33308

DO NOT WRITE IN THIS SPACE.

| | | | | | |
|--------------------------------|---------------------|---------------------|---------------------|---|---------------------------------------|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 06/30/1964 | 3a. Date of Last Report 07/07/1994 |
| 21 | Suite, Apt. #, etc. | 26 | Suite, Apt. #, etc. | 4. FEI Number 59-1108758 | Applied For Not Applicable |
| 22 | City & State | 27 | City & State | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 23 | Zip | 28 | Zip | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 24 | Country | 29 | Country | 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | | | | | |
|--|--|--|--|----|----|
| 9. Name and Address of Current Registered Agent | | 10. Name and Address of New Registered Agent | | | |
| GEORGE, ROBERT A. 55 N E FORT ROYAL ISLE FT. LAUDERDALE FL 33308 | | 81 | Name | | |
| | | 82 | Street Address (P.O. Box Number is Not Acceptable) | | |
| | | 83 | | | |
| | | 84 | City | FL | 85 |

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 *Robert A. George* DATE 2-5-95
Signature, typed or printed name of registrant (and title if applicable) (NOTE: Registered Agent signature required when reappointing)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|----------------------------|---|---|
| TITLE | PD | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GEORGE, JOHN D | 1.2 NAME | |
| STREET ADDRESS | 227 SEACREST CIR | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | DELRAY BEACH FL | 1.4 CITY-ST-ZIP | |
| TITLE | TD | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GEORGE, ROBERT A MD | 2.2 NAME | |
| STREET ADDRESS | 55 NE FT ROYAL ISLE | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | FT LAUDERDALE FL | 2.4 CITY-ST-ZIP | |
| TITLE | SD | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WELCH, LYDIA | 3.2 NAME | |
| STREET ADDRESS | 8147 BRIDGEWATER COURT | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | LAKE CLARK SHORES FL 33406 | 3.4 CITY-ST-ZIP | |
| TITLE | VD | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | POTTS, JULIETTE G. | 4.2 NAME | |
| STREET ADDRESS | 3410 GALT OCEAN DRIVE | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | FT LAUDERDALE FL | 4.4 CITY-ST-ZIP | |
| TITLE | D | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GEORGE, RICHARD E | 5.2 NAME | |
| STREET ADDRESS | 2209 E PINERIDGE CT | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | DELRAY BCH FL | 5.4 CITY-ST-ZIP | |
| TITLE | D | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DAVID, KATHERINE | 6.2 NAME | |
| STREET ADDRESS | 428 NE 7TH AVENUE | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | DELRAY BEACH FL | 6.4 CITY-ST-ZIP | |

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 110.07(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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Robert A. George* DATE 2/3/95 (305) 771-9411
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR