

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

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **282848** (1)

1. Corporation Name  
**ABELEINA PROPERTIES INC**



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

Mailing Address: **C/O ROBERT A GEORGE, M D  
55 N E FT ROYAL ISLE  
FT LAUDERDALE FL 33308**

3. Date Incorporated or Qualified: **06/30/1964**      3a. Date of Last Report: **02/08/1995**

4. FEI Number: **59-1108758**      Applied For:       Not Applicable:

5. Certificate of Status Desired:       **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution:       **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business (21)      2a. Mailing Address (26)

22. Suite, Apt. #, etc. (27)      Suite, Apt. #, etc. (27)

23. City & State (28)      City & State (28)

24. Zip (29)      Country (30)      Zip (29)      Country (30)

9. Name and Address of Current Registered Agent

**GEORGE, ROBERT A.  
55 N E FORT ROYAL ISLE  
FT. LAUDERDALE FL 33308**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	GEORGE, JOHN D	
STREET ADDRESS	227 SEACREST CIR	
CITY- ST- ZIP	DELRAY BEACH FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	GEORGE, ROBERT A MD	
STREET ADDRESS	55 NE FT ROYAL ISLE	
CITY- ST- ZIP	FT LAUDERDALE FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	WELCH, LYDIA	
STREET ADDRESS	8147 BRIDGEWATER COURT	
CITY- ST- ZIP	LAKE CLARK SHORES FL 33406	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	POTTS, JULIETTE G.	
STREET ADDRESS	3410 GALT OCEAN DRIVE	
CITY- ST- ZIP	FT LAUDERDALE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GEORGE, RICHARD E	
STREET ADDRESS	2209 E PINERIDGE CT	
CITY- ST- ZIP	DELRAY BCH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DAVID, KATHERINE	
STREET ADDRESS	426 NE 7TH AVENUE	
CITY- ST- ZIP	DELRAY BEACH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	GEORGE, MILDRED	
1.3 STREET ADDRESS	86 MAC FARLANE DR	
1.4 CITY- ST- ZIP	DELRAY BEACH, FL 33483	
2.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	GEORGE, ALICE	
2.3 STREET ADDRESS	21 N.W. 9 STREET	
2.4 CITY- ST- ZIP	DELRAY BEACH, FL 33444	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY- ST- ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY- ST- ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY- ST- ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 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, changed, or on an attachment with an address.

SIGNATURE: *[Signature]*      2/28/96      1-305-771-7411

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (12/95)