


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

**FILED**  
**Jan 16 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
<b>DOCUMENT # 282848 (1)</b> 1. Corporation Name <b>ABELEINA PROPERTIES INC</b>		



DO NOT WRITE IN THIS SPACE

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
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3. Date Incorporated or Qualified <b>06/30/1964</b>	4. FEI Number <b>59-1108758</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29 30

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 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GEORGE, JOHN D	1.2 NAME	GEORGE, Alice
STREET ADDRESS	227 SEACREST CIR	1.3 STREET ADDRESS	21 N.W. 9th Street
CITY-ST-ZIP	DELRAY BEACH FL 33447-0225	1.4 CITY-ST-ZIP	Delray Beach, FL 33344
TITLE	TD <input type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GEORGE, ROBERT A MD	2.2 NAME	GEORGE, Mildred
STREET ADDRESS	55 NE FT ROYAL ISLE	2.3 STREET ADDRESS	86 MacFarlane Drive
CITY-ST-ZIP	FT LAUDERDALE FL 33308	2.4 CITY-ST-ZIP	Delray Beach, FL 33483
TITLE	SD <input type="checkbox"/> DELETE	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 <input type="checkbox"/> DELETE	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 33308	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	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 33444	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVID, KATHERINE	6.2 NAME	
STREET ADDRESS	426 NE 7TH AVENUE	6.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL 33483	6.4 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 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: \_\_\_\_\_ 1-3-98 771-7411

CR2E034 (10/97)