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

DOCUMENT # 467312

1. Corporation Name A AABBOTT, INC. Mailing Address Principal Place of Business 1575 N.W. 14TH STREET 1575 N.W. 14TH STREET C/O RUSSELL RAIBISCH C/O RUSSELL RAIBISCH MIAMI FL 33125-2611 MIAMI FL 33125-2611 3. Date Incorporated or Qualifed 01/08/1975 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 59-14865<u>35</u> 26 21 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired 27 22 City & State City & State 6. Election Campaign Financing Trust Fund Contribution 28 23 Country Country 8. This corporation owes the current year Intangible 30 Personal Property Tax. 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent

Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90221 025 ***150.00



DO NOT WRITE IN THIS SPACE

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

☐ Yes

Not Applicable

Nο

1575 MIAM	o the provisions of Sections 607.0502 and 607.1508	า change was ลนเกิ	onzed by	City a-named	Address (P.O. Box Number is Not Acception corporation submits this statement for the pration's board of directors. I hereby acceptance	FL e purpose of c	85 Zip C hanging its r tment as reg	egistered
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.								
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable	a. (NOTE: Re	gistered Ager	t signature r	equired when reinstating)	DATE		
12.	OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO O	FFICERS AND	DIRECTOR	RS IN 12
TITLE	PD	DELETE	1.1 TITLE				Change	Addition
NAME	FAIBISCH, RUSSELL		1.2 NAME					
STREET ADDRESS	1575 N.W.14TH STREET		1.3 STREET	ADDRESS			•	
CITY-ST-ZIP	MIAMI FL		1.4 CITY-S	Γ-ZIP				
TITLE		DELETE	2.1 TITLE				☐ Change	Addition
NAME			2.2 NAME					ļ
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CITY-ST-ZIP			2. 4 CITY-5		•			
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NAME			3.2 NAME		والمستويد والمستويد		·, » » .	
STREET ADDRESS	•		3.3 STREE	ADDRESS				
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CITY-ST-ZIP			5.4 CITY-S	T-ZIP				
TITLE		☐ DELETE	6.1 TITLE				☐ Change	☐ Addition
NAME			6.2 NAME					
STREET ADDRESS	•		6.3 STREE	ADDRESS				
CITY-ST-ZIP	• .		6.4 CITY-S					
44 11 1	artify that the information cumplied with this filing doc	o not qualify for th	a avamat	on states	Lin Section 119 07/3\/i\ Florida Statutes	I further cert	ify that the in	formation

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, with all other like empowered.