FILE	NOW: FILING FEE	AFTER MAY 1 IS	\$22	5.00				
PROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		7				
DOCUMENT # 523794 (6) 1. Corporation Name								
•	ABIA CARBURETOR, INC.							
OOLON	ibia danboneton, inc.							
Principal Place	of Business	Mailing Address				0.181		
722 N ANDE FT. LAUDERD	REWS AVE DALE FL 33311	722 N ANDREWS AVE FT. LAUDERDALE FL 333	11					
					Date Incorporated or Qualified 01/14/1977	3a. Date of Last 05/01/19		
2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For		
Suite, Apt.	# ptr	Suite, Apt. #, etc.			59-1711492	<u> </u>	Not Applicable	
City & State		27			Certificate of Status Desired	LJ Fe	5 Additional e Required	_
23		City & State		Election Campaign Financing Trust Fund Contribution	Add	00 May Be ded to Fees	_	
Zip Country 25		Zip Country [29]		8. This corporation has liability for in Florida Statutes Yes	•	s 199.032,		
	9. Name and Address of Curren		301		10. Name and Address of New R			-
BOCA R 33431	ANDY WINE DRIVE ATON, FL			83 84 City		<u> </u>	Zip Code	-
or register	ed agent, or both, in the State of Floric th, and accept the obligations of, Soction	Such change was authorized.	by the c	ve-named corpoi orporation's boa	ration submits this statement for the pur ird of directors. I hereby accept the appo	pose of changing its bintment as register	s registered office ed agent. I am	İ
	Signature typed or printed name of registered agent and title if applicable. OFFICERS AND DIRECTORS		IOTE Registered Agent signature require			DATE	FODD IN 40	ୣ୷
TITLE	ST OFFICERS AND	DELETE	13.		ADDITIONS/CHANGES TO OFFI	CERS AND DIRECT		<u>ال</u> مِّ
NAME Street address	SCHLUETER, DOLORES 4929 BRANDY WINE DR		1.2 NA 1.3 ST	ME REET ADDRESS				E034 (12/95)
CITY-ST-ZIP	BOCA RATON, FL 00000		1.4.01	Y-ST-ZIP				CR2
TITLE	PD SCHLUETER, WILLIAM	☐ DELETE	2. 1 TI			Change	e 🔲 Addition	0
STREET ADDRESS	4929 BRANDY WINE DR			REET ADDRESS				
CITY-ST-ZIP TITLE	BOCA RATON, FL 00000		3.4 CI	Y-ST-ZIP TLE		☐ Chang	e 🔲 Addition	-
NAME			3.2 NA	-			_	
STREET ADDRESS			3.3 ST	REET ADDRESS				
CITY-ST-ZIP		[] DELETE		Y-ST-ZIP		Chann	o D Addition	-
TITLE NAME		[] טנונית	4.1 TI 4.2 NA			Changi	e 🔲 Addition	
STREET ADDRESS				REET ADDRESS		•		
DITY-ST-ZIP				Y-ST-ZIP	1000018	20991		
TITLE		☐ DELETE	5 1 1		-05714796011	լ լ (— - Մարբ րութ	e 🔲 Addition	
NAME STREET ADDRESS			5.2 NA 5.3 ST	ME REET ADDRESS	***200.00	1,191.	~ .	
DITY-S1-ZIP				Y-ST-ZIP)	('''')	<u> </u>	
TITLE		☐ DELETE	6 1 TI			☐ Change	e 🔲 Addition	1
NAME			6 2 NA					
STREET ADDRESS				REET ADDRESS				
CITY-ST-ZIP	i		0.4 UI	Y-ST-ZIP				1

14. To 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 if changed, or on an attachment with an address.

SIGNATURE: UH JCHLUETA William Schlum for Signing Officer of Director Of Day Chapter 607, Plorida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: UH JCHLUETA William Schlum for Signing Officer of Director Officer Officer of Director Officer Officer Officer of Director Officer Officer Officer O