FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **PROFIT** Apr 09 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 **DOCUMENT #**1. Corporation Name (6)652192 ABRAMS AND COMPANY Principal Place of Business Mailing Address 4408 WOODFIELD BLVD 4408 WOODFIELD BLVD **BOCA RATON FL 33434 BOCA RATON FL 33434** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/08/1980 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 21 59-2129579 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 City & State City & State 6. Election Campaign Financing 23 28 Trust Fund Contribution Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 Personal Property Tax due June 30. Yes Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name ABRAMS, PAUL J 4408 WOODFIELD BLVD Street Address (P.O. Box Number is Not Acceptable) **BOCA RATON FL 33434**

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

agent. I a	m familiar with, and accept the obligations of, Section 607.0	1505, Florid	a Statutes.	poration's board or di	гестотя. т петеру ассерт	the appointment as	registered
SIGNATURE	Signature, typed or prioted name of registered agent and title if applicable.	(NOTE Re	enistered Agent signature	required when reinstating)		DATE	
12.	OFFICERS AND DIRECTORS	(NOTE THE	13.		S/CHANGES TO OFFICE		S IN 12
TITLE	P DEL	ETE	1.1 TITLE			Change	Addition
NAME	ABRAMS, PAUL J		1.2 NAME				
STREET ADDRESS	4408 WOODFIELD BLVD		1.3 STREET ADDRESS				
CITY-ST-ZIP	BOCA RATON FL		1.4 CITY-ST-ZIP				
TITLE	\$T DEL	ETE	2.1 TITLE			☐ Change	Addition
NAME	ABRAMS, JOANN W		2.2 NAME				
STREET ADDRESS	4408 WOODFIELD BLVD		2.3 STREET ADDRESS				
CITY-ST-ZIP	BOCA RATON FL		2. 4 CITY+ST+ZIP				
TITLE	☐ DEL	ETE	3.1 TITLE			Change	Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET ADDRESS				
CITY-ST-ZIP			3.4. CITY - ST - ZIP				
TITLE	☐ DEL	ETE	4.1 TITLE			Change	☐ Addition
NAME			4.2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP		•	4.4 CITY-ST-ZIP				
TITLE	□ DEL	ETE	5.1 TITLE			Change	Addition .
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			54 CITY-ST-ZIP				
TITLE	☐ DELI	ETE	6.1 TITLE			☐ Change	Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
I							

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 of 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 upon an attachment with an address.

SIGNATURE:

Teper W. ABRAMS

Applied For

Fee Required

\$5.00 May Be

Added to Fees

Zip Code

Not Applicable