

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 700121 (7)
1. Corporation Name
ABILITIES INC OF FLORIDA



Principal Place of Business: 2735 WHITNEY ROAD CLEARWATER FL 34620
Mailing Address: 2735 WHITNEY ROAD CLEARWATER FL 34620

3. Date Incorporated or Qualified: 11/06/1959
3a. Date of Last Report: 05/01/1995
4. FEI Number: 59-0874493
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 (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, City & State, Zip, and Country.

9. Name and Address of Current Registered Agent
SANDONATO, WILLIAM JR
2735 WHITNEY ROAD
CLEARWATER FL 34620

10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, and Zip Code.

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
|-----------------------------------------|-------------------------------|------------------------------------------------------------------------------|
| TITLE: AT | NAME: TITUS, GARY S. | 1.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS: 2023-C S. CAROLINA AVE. | CITY-ST-ZIP: TAMPA FL | 1.2 NAME: _____ |
| TITLE: D | NAME: BOWLING, J C | 1.3 STREET ADDRESS: _____ |
| STREET ADDRESS: 2851 PHEASANT RUN | CITY-ST-ZIP: CLEARWATER FL | 1.4 CITY-ST-ZIP: _____ |
| TITLE: CD | NAME: BOYLE, JACK W. | 2.1 TITLE: C.D |
| STREET ADDRESS: 7 N. PINE CR. | CITY-ST-ZIP: BELLEAIR FL | 2.2 NAME: MIKE NEVILLE |
| TITLE: SD | NAME: SOECHTIG, JACQUELINE | 2.3 STREET ADDRESS: 3259 SPANISH MOSS LANE |
| STREET ADDRESS: 2417 HUNTINGTON BLVD | CITY-ST-ZIP: SAFETY HARBOR FL | 2.4 CITY-ST-ZIP: PALM HARBOR FL 34622 |
| TITLE: P | NAME: SANDONATO, WILLIAM JR | 3.1 TITLE: D |
| STREET ADDRESS: 1856 BARCELONA DRIVE | CITY-ST-ZIP: DUNEDIN FL | 3.2 NAME: _____ |
| TITLE: TD | NAME: KEELER, PATRICK | 3.3 STREET ADDRESS: _____ |
| STREET ADDRESS: 2964 SANDPIPER PL | CITY-ST-ZIP: CLEARWATER FL | 3.4 CITY-ST-ZIP: _____ |
| | | 4.1 TITLE: DS |
| | | 4.2 NAME: ROBERT B STEWART |
| | | 4.3 STREET ADDRESS: 7172 DR ML KING STREET SOUTH |
| | | 4.4 CITY-ST-ZIP: ST PETERSBURG FL 33705 |
| | | 5.1 TITLE: _____ |
| | | 5.2 NAME: _____ |
| | | 5.3 STREET ADDRESS: _____ |
| | | 5.4 CITY-ST-ZIP: _____ |
| | | 6.1 TITLE: D |
| | | 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: GARY TITUS DATE: 4/15/96 DAYTIME PHONE: (813) 538 9370

CR2E037 (12/95)