

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **729697** (3)

1. Corporation Name

ABU HOLDING ASSOCIATION

Principal Place of Business

**1369 OLD OKEECHOBEE RD
WEST PALM BEACH FL 33401**

Mailing Address

**1369 OLD OKEECHOBEE RD
WEST PALM BEACH FL 33401**



3. Date Incorporated or Qualified

05/16/1974

3a. Date of Last Report

04/12/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-0763207

Applied For

Not Applicable

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

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LAHTI, ERNEST

417 SAN MATEO DR

PALM SPRINGS FL 33461

81 Name

LARRY FICK

82 Street Address (P.O. Box Number is Not Acceptable)

2684 WORCESTER RD.

83

84 City

LANTANA

FL

85 Zip Code

33462

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

Signature, typed or printed name of registered agent and title if applicable

LARRY FICK - SEC./TREAS.

6-30-96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☒ DELETE
NAME **FICK, LARRY**
STREET ADDRESS **2684 WORCESTER RD.**
CITY - ST - ZIP **LANTANA FL**

1.1 TITLE **PD** ☒ Change ☐ Addition
1.2 NAME **JOE HAGELIN**
1.3 STREET ADDRESS **7527 OVERLOOK DR**
1.4 CITY - ST - ZIP **LAKE WORTH, FL 33467**

TITLE **SD** ☒ DELETE
NAME **GOESSEL, JAMES W.**
STREET ADDRESS **3487 LA PALMAS CT**
CITY - ST - ZIP **GREEN ACRES FL**

2.1 TITLE **S/TO** ☒ Change ☐ Addition
2.2 NAME **LARRY FICK**
2.3 STREET ADDRESS **2684 WORCESTER RD.**
2.4 CITY - ST - ZIP **LANTANA, FL 33462**

TITLE **VPD** ☐ DELETE
NAME **GOLD, WILLIAM**
STREET ADDRESS **110 - 19TH AVE., N.**
CITY - ST - ZIP **LAKE WORTH FL**

TITLE **TD** ☒ DELETE
NAME **LAHTI, ERNEST**
STREET ADDRESS **417 SAN MATEO DR.**
CITY - ST - ZIP **PALM SPRINGS FL**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

400001899374 ☐ Change ☐ Addition

-07/19/96--01027--029

*****61.25**

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

LARRY FICK

6-30-96

DATE

964-8872

DAYTIME PHONE #

CR2E037 (3/96)