

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **846175** (8)

1. Corporation Name

**A.B.J., INC.**



Principal Place of Business: **700 NW 12TH AVE DEERFIELD BCH FL 33442**  
Mailing Address: **700 NW 12TH AVE DEERFIELD BCH FL 33442**

3. Date Incorporated or Qualified: **06/09/1980**  
3a. Date of Last Report: **03/27/1995**  
4. FEI Number: **41-0875724**  
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

2. Principal Place of Business:  
21. Suite, Apt. #, etc.  
22. City & State  
23. Zip  
24. Country  
25. Country  
26. Mailing Address  
27. Suite, Apt. #, etc.  
28. City & State  
29. Zip  
30. Country

9. Name and Address of Current Registered Agent  
**RUSH, DAVID H  
700 NW 12TH AVE  
DEERFIELD BCH FL 33442**

10. Name and Address of New Registered Agent  
81. Name  
82. Street Address (P.O. Box Number is Not Acceptable)  
83.  
84. City  
85. Zip Code: **FL**

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 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 607.0505, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUSH, DAVID H	12 NAME	
STREET ADDRESS	700 NW 12TH AVE	13 STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BCH FL	14 CITY-ST-ZIP	
TITLE	TSD	21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JENKINS, DWAIN	22 NAME	Rush, Miriam
STREET ADDRESS	700 NW 12 AVENUE	23 STREET ADDRESS	700 N.W. 12th Ave
CITY-ST-ZIP	DEERFIELD BEACH FL	24 CITY-ST-ZIP	Deerfield Beach, Fla.
TITLE	D	31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MUTER, GARY	32 NAME	Potashnick, Maisie
STREET ADDRESS	700 NW 12 AVENUE	33 STREET ADDRESS	700 NW 12th Ave
CITY-ST-ZIP	DEERFIELD BEACH FL	34 CITY-ST-ZIP	Deerfield Beach, Fla.
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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: \_\_\_\_\_

*David H. Rush*  
SIGNATURE AND TITLE OF REGISTERED AGENT, TRUSTEE, RECEIVER, OR DIRECTOR

6-7-96

(954) 421-8450

CR2E034 (3/96)