

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

0000765

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F12155**

1. Corporation Name

**ABBOTT ASSOCIATES OF VERO BEACH, INC.**

FILED

99 JUL 30 PM 3: 38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business <b>500 W WESLEY RD NW P.O. BOX 6191 ATLANTA GA 30305 US</b>	Mailing Address <b>3675 20TH ST STE E VERO BEACH FL 32960 US</b>
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>12/19/1980</b>	
2. Principal Place of Business <b>21 453 Johnson Rd.</b> Suite, Apt. #, etc. <b>22</b>	2a. Mailing Address <b>26</b> Suite, Apt. #, etc. <b>27</b>
City & State <b>23 Hogansville, GA</b> Zip <b>24 30230</b>	City & State <b>28</b> Zip <b>29</b>
Country <b>25 USA</b>	Country <b>30</b>
4. FEI Number <b>59-2045498</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>O'HAIRE, MICHAEL 3111 CARDINAL DR VERO BEACH FL 32960</b>		10. Name and Address of New Registered Agent <b>81 Name</b> <b>82 Street Address (P.O. Box Number is Not Acceptable)</b> <b>300002955333--3</b> <b>83 -08/10/99--01024--016</b> <b>84 City</b> <b>FL</b> <b>85 Zip Code</b>	
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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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PD</b>	<input type="checkbox"/> DELETE	1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME <b>GARRETT, FRANKLIN</b>		1.2 NAME	
STREET ADDRESS <b>500 W WESLEY RD, NW</b>		1.3 STREET ADDRESS <b>453 Johnson Road</b>	
CITY-ST-ZIP <b>ATLANTA GA 30305</b>		1.4 CITY-ST-ZIP <b>Hogansville, GA 30230</b>	
TITLE <b>SD</b>	<input type="checkbox"/> DELETE	2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME <b>MARSHALL, PATRICIA</b>		2.2 NAME	
STREET ADDRESS <b>364 35TH ST</b>		2.3 STREET ADDRESS <b>147 W. Wesley Rd. N.W.</b>	
CITY-ST-ZIP <b>SACRAMENTO CA 95816</b>		2.4 CITY-ST-ZIP <b>Atlanta, GA 30305</b>	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 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: *Franklin S. Garrett* 7/28/99 561-569-1282

CR2E034 (5/99)

ABBOTT ASSOCIATES OF VERO BEACH, INC.  
3675 20TH STREET  
VERO BEACH, FL 32960

Division of Corporations  
Annual Reports Filing  
PO Box 1500  
Tallahassee, FL 32302-1500

Re: 1999 Annual Report  
Doc. #F12155

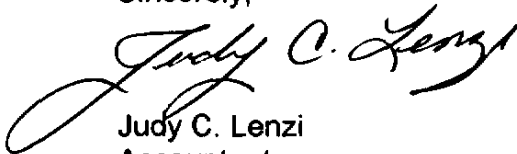
Dear Sir/Madam:

Enclosed is the 1999 Annual Report, along with our check #18426 in the amount of \$150.00.

We never received the original Annual Report and was told by one of your telephone representatives to mail the 2nd Notice along with the payment of \$150.00.

Thank you for your consideration.

Sincerely,



Judy C. Lenzi  
Accountant

JCL:j

Enclosures