FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

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Mar 13 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1997

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

DOCUMENT # **F72127** **(6)**

1. Corporate Name
ABCOR, INC.

Principal Place of Business
2195 N. ANDREWS AVE. EXTENSION
POMPANO BEACH FL 33069

Mailing Address
2195 N. ANDREWS AVE. EXTENSION
POMPANO BEACH FL 33069

2. Principal Place of Business
21 Street Address
22 City & State
23 Zip 24 County 25

2a. Mailing Address
26 Street Address
27 City & State
28 Zip 29 Country 30

3. Date Incorporated or Qualified: **03/19/1982**
3a. Date of Last Report: **04/02/1996**
4. FEI Number: **59-2280772** 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

9. Name and Address of Current Registered Agent
THURROTT, DAVID L.
3427 PALLADIAN CIRCLE
DEERFIELD BEACH FL 33442

10. Name and Address of New Registered Agent
81 Name: Anna M. Thurrott
82 Street Address (P.O. Box Number is Not Acceptable): 3427 Palladian Circle
83 Deer Creek
84 City: Deerfield Beach FL 85 Zip Code: 33442

11. Pursuant to the provisions of Section 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 and am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: Anna M. Thurrott Anna Thurrott Feb 25, 1997
Signature of new registered agent required for reinstatement — PRINT Registered Agent signature required when reinstated — DATE

12. OFFICER(S) AND DIRECTORS

TITLE	DP	☐ DELETE
NAME	THURROTT, DAVID S	
STREET ADDRESS	1809 SW 10 AVENUE	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	DV	☐ DELETE
NAME	THURROTT, SCOTT	
STREET ADDRESS	3221 N.E. 15TH ST-APT D	
CITY-ST-ZIP	POMPANO BEACH FL 33062	
TITLE	DST	☐ DELETE
NAME	THURROTT, ANNA	
STREET ADDRESS	3427 PALLADIAN CIRCLE	
CITY-ST-ZIP	DEERFIELD BEACH FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1-1 TITLE		☐ Change ☐ Addition
1-2 NAME		
1-3 STREET ADDRESS		
1-4 CITY-ST-ZIP		
2-1 TITLE		☐ Change ☐ Addition
2-2 NAME		
2-3 STREET ADDRESS		
2-4 CITY-ST-ZIP		
3-1 TITLE		☐ Change ☐ Addition
3-2 NAME		
3-3 STREET ADDRESS		
3-4 CITY-ST-ZIP		
4-1 TITLE		☐ Change ☐ Addition
4-2 NAME		
4-3 STREET ADDRESS		
4-4 CITY-ST-ZIP		
5-1 TITLE		☐ Change ☐ Addition
5-2 NAME		
5-3 STREET ADDRESS		
5-4 CITY-ST-ZIP		
6-1 TITLE		☐ Change ☐ Addition
6-2 NAME		
6-3 STREET ADDRESS		
6-4 CITY-ST-ZIP		

CR2E034 (9/96)

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 report or supplemental 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 13 above, or on an attached report with an address.

SIGNATURE: Anna M. Thurrott Anna Thurrott See/Trees Feb 25, 97 954-979-1888
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #