

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **F81633**

(2)

1. Corporation Name

ABM INDUSTRIES, INC.



Principal Place of Business

Mailing Address

% ALFRED FINKELSTEIN
6401 GALLOWAY RD. SUITE 203
MIAMI FL 33173

% ALFRED FINKELSTEIN
6401 GALLOWAY RD. SUITE 203
MIAMI FL 33173

2. Principal Place of Business

2a. Mailing Address

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

22. City & State

27. City & State

23. Zip Country

28. Zip Country

24. Country

29. Country

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

05/17/1982

3a. Date of Last Report

02/06/1995

4. FET Number

59-2199148

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

10. Name and Address of New Registered Agent

FINKELSTEIN, ALFRED
6401 GALLOWAY RD, SUITE 203
MIAMI FL 33173

81. Name

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

83.

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 607.0702 and 607.1506, 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. Thereby accept the appointment as registered agent. I am for the with and accept the obligations of Section 607.0506, Florida Statutes.

SIGNATURE

Signature of the person making this statement

Signature of the Agent (if different from the person making this statement)

Date

12. OFFICERS AND DIRECTORS

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1. NAME D MYERS, RONALD B 1 PRIMROSE LANE #3A FORDS, NJ 0	1.1 TITLE ☐ Change ☐ Addition
2. NAME D MYERS, LANCE D 200 E END AVE #2L NEW YORK, NEW YORK 0	2.1 TITLE ☐ Change ☐ Addition
3. NAME PD MYERS, ALBERT B 101-40 EAST BROADVIEW DR BAY HARBOR ISLD, FLO	3.1 TITLE ☐ Change ☐ Addition
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14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption on state in Section 119.07(3)(a), 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 manager 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 or changed in or on an affidavit with an address.

SIGNATURE:

Albert B. Myers, President
ALBERT B. MYERS

7/5/96 301-595-2787

CR2E034 (12/95)