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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

ABERC	ROMBIE CONSTRUCTION	, INC.				
Principal Place of	of Business	Mailing Address			OLIJANI OJENA OJENI OJENI I	KADAR ORBAN OLDAN 1000
6702 HIGHWAY 98 WEST PENSACOLA FL 32506		6702 HIGHWAY 98 WEST PENSACOLA FL 32506				
			•	3. Date incorporated or Qualified 05/20/1982	3a. Date of Las	
2. Principal Plac	pe of Business	2a. Mailing Address	,	4. FEI Number	03/23/	Applied For
1		26		59-2195371		Not Applicable
Suite, Apt. #	, etc	Suite, Apt. #, etc.		5. Certificate of Status Desired	1 1 7	75 Additional se Required
City & State	<u></u>	Oity & State		Election Campaign Financing	_ \$5	.00 May Be
23		28		Trust Fund Contribution	∐ Ac	ded to Fees
Zip	Country	Zιρ	Country	8. This corporation has liability for		rs 199.032,
24	25	29	[30]	Florida Statutes Yes		
	9. Name and Address of Curre	nt Registered Agent	81 Name	10. Name and Address of New F	Hegistered Agent	
	OMBIE, WILLIAM L		82 Street Add	dress (P.O. Box Number is Not Acceptat	ble)	
6706 HIGHWAY 98 WEST PENSACOLA FL 32506			83			
			84 City		FL 85	Zip Code
or registere	ed agent, or both, in the State of Flor	ida. Such change was author	ized by the corporation's boa	oration submits this statement for the pu and of directors. Thereby accept the app	pointment as régiste	red agent. Lam
or registere familiar with SIGNATURE	n, and accept the obligations of, Soci Signature, typed or printed name of registrated agen	idal Such change was author tion 607.0505, Florida Statute nuad blentaggerable : 1	zed by the corporation's boa es. x011 Registeral April September require	and of directors. I hereby accept the appoint of the state of the stat	DATE	erecragent. Fam
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certify that the information indicated on this armual 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 trusted 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:

SIGNATIFIE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR