

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Jul 02 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # F92984 (6)
 1. Corporation Name
A.B.A. INDUSTRIES, INC.



Principal Place of Business 10260 US HWY. 19 NORTH PINELLAS PARK FL 33782 US	Mailing Address 10260 US HWY. 19 NORTH PINELLAS PARK FL 34666
--	---

DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified
06/02/1982

4. FEI Number
23-1932238

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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

PELUSO WILLIAM
10260 US HWY. 19 NORTH
PINELLAS PARK FL 34666

10. Name and Address of New Registered Agent

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 607.0502 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 reinstalling) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PELUSO, WILLIAM A	1.2 NAME	
STREET ADDRESS	10260 U.S. HWY. 19 N.	1.3 STREET ADDRESS	
CITY-ST-ZIP	PINELLAS PARK FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LABBE, GILLES	2.2 NAME	
STREET ADDRESS	755 THURBER STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	LONGUEIL, QUEBEC CA	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BELANGER, REAL	3.2 NAME	
STREET ADDRESS	755 THURBER	3.3 STREET ADDRESS	
CITY-ST-ZIP	LONGUEUIL, QUEBEC, CA	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HICKEY, ALAN	4.2 NAME	
STREET ADDRESS	10260 US HWY 19 N	4.3 STREET ADDRESS	
CITY-ST-ZIP	PINELLAS PARK FL	4.4 CITY-ST-ZIP	
TITLE	S	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEREDITH, PATTY	5.2 NAME	
STREET ADDRESS	10260 US HWY 19 N	5.3 STREET ADDRESS	
CITY-ST-ZIP	PINELLAS PARK FL	5.4 CITY-ST-ZIP	
TITLE		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	

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PELUSO, WILLIAM A	1.2 NAME	
STREET ADDRESS	10260 U.S. HWY. 19 N.	1.3 STREET ADDRESS	
CITY-ST-ZIP	PINELLAS PARK FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LABBE, GILLES	2.2 NAME	
STREET ADDRESS	755 THURBER STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	LONGUEIL, QUEBEC CA	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BELANGER, REAL	3.2 NAME	
STREET ADDRESS	755 THURBER	3.3 STREET ADDRESS	
CITY-ST-ZIP	LONGUEUIL, QUEBEC, CA	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HICKEY, ALAN	4.2 NAME	
STREET ADDRESS	10260 US HWY 19 N	4.3 STREET ADDRESS	
CITY-ST-ZIP	PINELLAS PARK FL	4.4 CITY-ST-ZIP	
TITLE	S	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEREDITH, PATTY	5.2 NAME	
STREET ADDRESS	10260 US HWY 19 N	5.3 STREET ADDRESS	
CITY-ST-ZIP	PINELLAS PARK FL	5.4 CITY-ST-ZIP	
TITLE		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 any document with an address.

SIGNATURE: *Alan M. Hickey* **Alan Hickey** **6/26/98** **6-12-98** **813-546-3371**

CR2E034 (10/97)