

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

FILED

**Feb 05 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 # F94000001638 (5)
1. Corporation Name
ABB INTERTRADE INC.



Principal Place of Business P.O. BOX 290816 TAMPA FL 33687	Mailing Address P.O. BOX 290816 TAMPA FL 33687
--	--

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 7910 PIERCE HARWELL RD.	2a. Mailing Address 26 Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 City & State 23 PLANT CITY FL	27 City & State
24 Zip 33565 Country Hill	29 Zip Country

3. Date Incorporated or Qualified 03/31/1994	
4. FEI Number 36-3296312	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**ABBENZELLER, ROBERT H
5910 86TH COMMERCE PARK BLVD.
TAMPA FL 33610**

10. Name and Address of New Registered Agent

81 Name ROBERT H. ABBENZELLER
82 Street Address (P.O. Box Number is Not Acceptable) 7910 PIERCE HARWELL RD
83
84 City PLANT CITY FL 85 Zip Code 33565

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 reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	ABBENZELLER, ROBERT H
STREET ADDRESS	7910 PIERCE HARWELL RD.
CITY-ST-ZIP	PLANT CITY FL 33585
TITLE	<input type="checkbox"/> DELETE
NAME	ABBENZELLER, VIVETTE P
STREET ADDRESS	7910 PIERCE HARWELL RD.
CITY-ST-ZIP	PLANT CITY FL 33585
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS	Aw 2/5/98	
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	100002423121	
6.3 STREET ADDRESS	-02/06/98--01004--024	
6.4 CITY-ST-ZIP	***150.00	

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 _____ DATE _____

CR2E034 (10/97)