

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

FILED

Mar 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
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DOCUMENT # **F94000005228 (1)**

1. Corporation Name
A.B. MANAGEMENT, INC. OF DELAWARE

Principal Place of Business
**1800 INTERNATIONAL PARK DR.
SUITE 303
BIRMINGHAM AL 35243**

Mailing Address
**1800 INTERNATIONAL PARK DR.
SUITE 303
BIRMINGHAM AL 35243**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/07/1994

4. FEI Number
63-1106127

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

2. Principal Place of Business

21. Suite, Apt #, etc.

22. City & State

23. Zip Country

24. Zip Country

2a. Mailing Address

26. Suite, Apt #, etc.

27. City & State

28. Zip Country

29. Zip Country

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BAKER, ALEX D	
STREET ADDRESS	1800 INTERNATIONAL PARK DR.	
CITY-ST-ZIP	BIRMINGHAM AL 35243	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MOSS, W. ERNEST	
STREET ADDRESS	1800 INTERNATIONAL PARK DR.	
CITY-ST-ZIP	BIRMINGHAM AL 35243	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	PRICE, JEFFREY G	
STREET ADDRESS	ONE CHASE MANHATTAN PLAZA	
CITY-ST-ZIP	NEW YORK NY 10005	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	KLEINMAN, GARY J	
STREET ADDRESS	ONE CHASE MANHATTAN PLAZA	
CITY-ST-ZIP	NEW YORK NY 10005	
TITLE	V	<input type="checkbox"/> DELETE
NAME	D'ALESSANDRI, RICHARD	
STREET ADDRESS	ONE CHASE MANHATTAN PLAZA	
CITY-ST-ZIP	NEW YORK NY 10005	
TITLE	S	<input type="checkbox"/> DELETE
NAME	TUCK, ELIZABETH	
STREET ADDRESS	ONE CHASE MANHATTAN PLAZA	
CITY-ST-ZIP	NEW YORK NY 10005	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input 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	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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, 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, on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/98 305-969-1002

CR2E034 (10/97)