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PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F96000005789

1. Corporation Name
ABLE CONTINENTAL ENTERPRISES INC.

Principal Place of Business
100 SE ADAMS
JACKSONVILLE FL 32202

Mailing Address
632 METEOR STREET
JACKSONVILLE FL 32205

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 116 E. Adams - St.
22 Suite, Apt. #, etc.
23 City & State: Jacksonville Florida
24 Zip: 32202 25 Country: USA

2a. Mailing Address
26 116 E. Adams - St.
27 Suite, Apt. #, etc.
28 City & State: Jacksonville Florida
29 Zip: 32202 30 Country: USA

3. Date Incorporated or Qualified: 11/06/1996

4. FEI Number: 59-3395576 ☐ 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 the current year Intangible Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
RODRIGUEZ, WINSTON A
632 METEOR ST
JACKSONVILLE FL 32205

10. Name and Address of New Registered Agent
81 Name: David R. Fletcher
82 Street Address (P.O. Box Number is Not Acceptable): 541 E. Monroe St
83
84 City: Jacksonville FL 85 Zip Code: 32202

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: Winston A Rodriguez DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	DCPV	☑ DELETE
NAME	RODRIGUEZ, WINSTON A	
STREET ADDRESS	632 METEOR ST	
CITY-ST-ZIP	JACKSONVILLE FL 32205	
TITLE	ST	☑ DELETE
NAME	RODRIGUEZ, WINSTON A	
STREET ADDRESS	632 METEOR ST	
CITY-ST-ZIP	JACKSONVILLE FL 32205	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DCP	☐ Change ☑ Addition
1.2 NAME	Rodriguez, Jerilyn A.	
1.3 STREET ADDRESS	116 E. Adams St	
1.4 CITY-ST-ZIP	Jacksonville, Florida 32202	
2.1 TITLE	V	☐ Change ☑ Addition
2.2 NAME	Futch, Lisa	
2.3 STREET ADDRESS	116 E. Adams St.	
2.4 CITY-ST-ZIP	Jacksonville, Florida 32202	
3.1 TITLE	S	☐ Change ☑ Addition
3.2 NAME	Fletcher, David R	
3.3 STREET ADDRESS	541 E. Monroe St	
3.4 CITY-ST-ZIP	Jacksonville, Florida 32202	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (11/98)

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, with all other like empowered.

SIGNATURE: Winston A Rodriguez FIRED 4/26/99 9043590800
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL: OFFICER OR DIRECTOR — Date — Daytime Phone #