

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **G41765** (0)

1. Corporation Name

ABKEY, INC.



Principal Place of Business

Mailing Address

P.O. BOX 330927
PO BOX 330777
COCONUT GROVE FL 33233-0927
US

P.O. BOX 330927
PO BOX 330777
COCONUT GROVE FL 33233-0927
US

3. Date Incorporated or Qualified

06/02/1983

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 **3444 Main Highway**

26 **P. O. Box 330927**

4. FEI Number

59-2339038

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **Third Floor**

27

City & State

City & State

23 **Coconut Grove, FL**

28 **Coconut Grove, FL**

Zip

Country

Zip

Country

24 **33133**

25 **US**

29 **33233-0927**

30 **US**

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

AMOS, BETTY G.

**3444-48 MAIN HWY, THIRD FLOOR
COCONUT GROVE FL 33233-7777**

81 Name

BETTY G. AMOS

82 Street Address (P.O. Box Number is Not Acceptable)

3444-48 Main Highway

83 **Third Floor**

84 City

Coconut Grove

FL

85 Zip Code

33133

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PSD** ☐ DELETE

NAME **AMOS, BETTY G.**
STREET ADDRESS **13724 SW 92 COURT**
CITY-ST-ZIP **MIAMI FL**

1.1 TITLE **PSDT** ☒ Change ☐ Addition

1.2 NAME **AMOS, BETTY G.**
1.3 STREET ADDRESS **3444 Main Highway, Third Floor**
1.4 CITY-ST-ZIP **Coconut Grove, FL 33133**

TITLE **D** ☒ DELETE

NAME **BUONICONTI, NICHOLAS A.**
STREET ADDRESS **4321 SANTA MARIA**
CITY-ST-ZIP **CORAL GABLES FL**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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

Betty G. Amos

BETTY G. AMOS

4/15/96

305-442-4284

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)