

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **G45187** (3)

1. Corporation Name
T.W. ABELL & ASSOCIATES, INC.

Principal Place of Business: **C/O THOMAS W. ABELL 5605 SW 86TH ST. MIAMI FL 33143**
Mailing Address: **C/O THOMAS W. ABELL 5605 SW 86TH ST. MIAMI FL 33143**



2. Principal Place of Business: 21
22 City & State
23 Zip
24 County
25
2a. Mailing Address: 26
27 City & State
28
29 Zip
30 Country

3. Date Incorporated or Qualified: **06/01/1983**
3a. Date of Last Report: **04/17/1995**
4. FEI Number: **59-2291552**
5. Certificate of Stocks Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contributor: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 190.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: **ABELL, THOMAS W. 5605 SW 86TH ST. MIAMI FL 33143**
81 Name
82 Street Address (P.O. Box Numbers Not Acceptable)
83
84 City

10. Name and Address of New Registered Agent
85 Zip Code

11. Pursuant to the provisions of Section 607.04(1)(a) and (b) of the Florida Statutes, the above-named corporation certifies the 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. They accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.04(1)(a), Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS
OFFICER: DIRECTOR:
NAME: **PD ABELL, THOMAS W**
STREET ADDRESS: **5605 SW 86TH ST**
CITY, ST, ZIP: **MIAMI, FL 00000**
NAME: **D ABELL, SUSAN A.**
STREET ADDRESS: **5605 SW 86TH ST.**
CITY, ST, ZIP: **MIAMI FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
 Change Addition
1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY, ST, ZIP
5. TITLE
6. NAME
7. STREET ADDRESS
8. CITY, ST, ZIP
9. TITLE
10. NAME
11. STREET ADDRESS
12. CITY, ST, ZIP

14. I do hereby certify that the information supplied was true, correct and my former and does not qualify for the exempt tax status in Section 119.02(1)(a), Florida Statutes. I further certify that the information indicated on this document need not appear in the annual report to the state and that my name shall have the same legal effect as if made under oath. That I am an officer or director of the corporation and that the information on this document is true and correct as reported to me by the corporation and that my name appears in Part 12 or Part 13 of this document. I am familiar with and accept the obligations of Chapter 607, Florida Statutes and that my name

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4596 (305) 665-6332

CR2E034 (12/95)