

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

FILED
Mar 06, 1999 8:00 am
Secretary of State

03-06-1999 90127 036 ***150.00

0073666

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # G63041

1. Corporation Name
ABLE FINANCE INC.



Principal Place of Business 1650A FOREST STREET LONGWOOD FL 32750	Mailing Address 1650A FOREST STREET LONGWOOD FL 32750
---	---

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2431 Westwood Drive Suite, Apt. #, etc.	2a. Mailing Address 26 2431 Westwood Drive Suite, Apt. #, etc.
22 Longwood florida City & State	27 Longwood Florida City & State
23 32779 Zip	28 32779 Zip
Country	Country
24	29
25	30

3. Date Incorporated or Qualified 09/30/1983	Applied For Not Applicable
4. FEI Number 59-2342159	
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 the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

KAGAN, NORMAN
 1650A FOREST STREET
 LONGWOOD FL 32750

2431 Westwood Drive
 Longwood, Florida, 32779

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD <input type="checkbox"/> DELETE
NAME	KAGAN, NORMAN
STREET ADDRESS	2431 WESTWOOD DRIVE
CITY-ST-ZIP	LONGWOOD FL
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	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Kagan, Janice
1.3 STREET ADDRESS	2431 Westwood Drive
1.4 CITY-ST-ZIP	Longwood Fl
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 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: _____ **Norman Kagan** 2/16/99 407- _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)