

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

FILED

Apr 14 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # H54771 (1)  
1. Corporation Name  
A.B.M. PROPERTIES, INC.



Principal Place of Business PO BOX 130177 SUNRISE FL 33313 US	Mailing Address PO BOX 130177 SUNRISE FL 33313 US
--	--

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 04/29/1985	
21		26		4. FEI Number 59-2558856	
22		27		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24		29		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

MOODY, STEVE E.  
GLENDALE FEDERAL BLDG., SUITE 201  
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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DS MULLINGS, SANFORD A. 10780 N.W. 21ST STREET CORAL SPRINGS FL	1.1 TITLE	D.S. MULLINGS, SANFORD A.
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	3060 THAMES WAY
CITY-ST-ZIP		1.4 CITY-ST-ZIP	MIRAMAR 33025
TITLE	S ALLEN, VINNETTE 7275 N.W. 53RD STREET LAUDERHILL FL	2.1 TITLE	S ALLEN, VINNETTE
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	7275 NW 53RD STREET
CITY-ST-ZIP		2.4 CITY-ST-ZIP	LAUDERHILL FLA 33319
TITLE	TD BUCHANAN, PETER 2704 NW 118 DR CORAL SPRINGS FL	3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	PM ALLEN, CARLTON 7275 N.W. 53RD STREET LAUDERHILL FL	4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<del>D</del> MURRAY, SHIRLEY 10780 N.W. 21ST STREET CORAL SPRINGS FL	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE:  CARLTON ALLEN 04.06.98 954 572 8307

CR2E034 (10/97)