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Jan 09 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # J17410 (8)

1. Corporation Name
ABS ASSOCIATES, INC.

Principal Place of Business
4726 OKEECHOBEE BLVD
WEST PALM BEACH FL 33417

Mailing Address
4726 OKEECHOBEE BLVD
WEST PALM BEACH FL 33417-4626



3. Date Incorporated or Qualified 05/30/1986	3a. Date of Last Report 01/25/1996
4. FEI Number 59-2677280	Applied For Not Applicable
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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt #, etc.	26 Suite, Apt #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
25 Country	30 Country

9. Name and Address of Current Registered Agent

GUYARD, CLAUDE W.
11054 OAKWAY CIR.
PALM BEACH GARDENS FL 33410

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 re-instating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSD	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUYARD, CLAUDE W.	12 NAME	
STREET ADDRESS	11054 OAKWAY CIR.	13 STREET ADDRESS	
CITY-ST-ZIP	PALM BCH GARDENS FL	14 CITY-ST-ZIP	
TITLE	VTD	21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUYARD, MARGARET B.	22 NAME	
STREET ADDRESS	11054 OAKWAY CIR.	23 STREET ADDRESS	
CITY-ST-ZIP	PALM BCH GARDENS FL	24 CITY-ST-ZIP	
TITLE	V	31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUYARD, MICHAEL R	32 NAME	V.D. GUYARD, MICHAEL R.
STREET ADDRESS	366 BRACKENWOOD CIR	33 STREET ADDRESS	JANE
CITY-ST-ZIP	PALM BCH GARDENS FL	34 CITY-ST-ZIP	
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR CLAUDE GUYARD 1/3/97 561-4281851
Daytime Phone #

CR2E034 (9/96)