

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

PROFIT CORPORATION ANNUAL REPORT



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

1997

DOCUMENT # **J19646 (5)**

1. Corporation Name
AMERICAN BINDERS AND TABS INC.

FILED
97 SEP -8 PM 2:53

SECRETARY OF STATE

Principal Place of Business: **4026 N. 30 AVE. HOLLYWOOD FL 33020**
Mailing Address: **4026 N. 30 AVE. HOLLYWOOD FL 33020**

3. Date Incorporated or Qualified: **06/17/1986**
3a. Date of Last Report: **03/13/1996**

2. Principal Place of Business: **21 13730 NW 6 Ct**
2e. Mailing Address: **26 13730 NW 6 Ct**
22 City & State: **23 N Miami FL**
27 City & State: **28 N. Miami FL**
24 Zip: **33168** 25 Country: **29 33168** 30 Country

4. FEI Number: **59-2762185**
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$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
HUGHES, RICHARD
4026 N 30 AVENUE 13730 NW 6 Ct
HOLLYWOOD FL 33020 N. Miami FL 33168

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PS <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUGHES, RICHARD	1.2 NAME	
STREET ADDRESS	4026 N 30 AVENUE	1.3 STREET ADDRESS	13730 NW 6 Ct
CITY-ST-ZIP	HOLLYWOOD FL	1.4 CITY-ST-ZIP	N. Miami FL 33168
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	000002288980--2
STREET ADDRESS		2.3 STREET ADDRESS	-09/10/97--01041--003
CITY-ST-ZIP		2.4 CITY-ST-ZIP	*****550.00 *****550.00
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	000002288980--2
STREET ADDRESS		3.3 STREET ADDRESS	-09/10/97--01041--004
CITY-ST-ZIP		3.4 CITY-ST-ZIP	*****3.75 *****3.75
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 in person; 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 in an attachment with an address.

SIGNATURE: *[Signature]* 9/5/97 305-687-2005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR