

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **J26293**

(7)

1. Corporation Name
MICHAEL A. ABELS, INC.



Principal Place of Business

**C/O MICHAEL A. ABELS
14600 S.W. 74TH COURT
MIAMI FL 33158**

Mailing Address

**C/O MICHAEL A. ABELS
14600 S.W. 74TH COURT
MIAMI FL 33158**

2. Principal Place of Business

21 State, Apt. #, etc.
22 City & State
24 Zip
25 Country

2a. Mailing Address

26 State, Apt. #, etc.
27 City & State
28 Zip
29 Country

9. Name and Address of Current Registered Agent

**ABELS, MICHAEL A.
14600 S. W. 74TH COURT
MIAMI FL 33158**

3. Date Incorporated or Qualified
07/29/1986

3a. Date of Last Report
05/01/1995

4. FEI Number
59-2706699

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes. Yes No

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

11. Pursuant to the provisions of Sections 607.07 and 607.15, 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 607.07(5), Florida Statutes.

SIGNATURE _____ Date _____ OFFICERS AND DIRECTORS _____ ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 _____

12. OFFICERS AND DIRECTORS		<input type="checkbox"/>	<input type="checkbox"/>
12.1	12.2	12.3	12.4
TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP
DP	ABELS, MICHAEL A.	14600 S.W. 74TH CT.	MIAMI FL
STD	ABELS, JACKELINE	14600 SW 74TH CT.	MIAMI FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/>	<input type="checkbox"/>
13.1	13.2	13.3	13.4
TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP

14. I do hereby certify that the information supplied with this filing was voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(d), Florida Statutes. I further certify that the information included 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 this 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 of this report, or on an attachment with an address.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)