

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **J47656** (0)

1. Corporation Name
ABRAHAM FRANK, INCORPORATED



Principal Place of Business Mailing Address
4015 N ARMENIA TAMPA FL 33607 **4015 N ARMENIA TAMPA FL 33607**

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
24 Country 29 Country
30

3. Date Incorporated or Organized **12/17/1986** 3a. Date of Last Report **04/26/1995**
4. FEI Number **59-2766911** 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

9. Name and Address of Current Registered Agent

**LIVINGSTON, CLIFTON A
501 HORATIO ST
STE 164
TAMPA FL 33606**

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 602.0502 and 602.1505, Florida Statutes, the above named corporation submits his 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. He hereby accepts the appointment as registered agent. I am familiar with, and accept the obligations of, Section 602.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS
TITLE DELETE
NAME **PTS DOCTOR, MARTIN S.**
STREET ADDRESS **2114 W BRANDON BLVD**
CITY-ST-ZIP **BRANDON FL**
TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
11 TITLE Change Additor
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP
15 TITLE Change Additor
16 NAME
17 STREET ADDRESS
18 CITY-ST-ZIP
19 TITLE Change Additor
20 NAME
21 STREET ADDRESS
22 CITY-ST-ZIP
23 TITLE Change Additor
24 NAME
25 STREET ADDRESS
26 CITY-ST-ZIP
27 TITLE Change Additor
28 NAME
29 STREET ADDRESS
30 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 supplementary 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 or person authorized to report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of this form, or an attachment with an address.

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

CR2E034 (12/95)