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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # K17420

(6)

SANDRA L. ABBOTT ENTERPRISES, INC.



Principal Place	of Business	Mailing Address			1   10   10   11   10   11   10   11   10   11   11   11   11   11   11   11   11   11   11   11   11   11	
% SANDRA L. ABBOTT 9836 ORANGE PARK TRAIL BOCA RATON FL 33428		9836 ORANGE PARK	% SANDRA L. ABBOTT 9836 ORANGE PARK TRAIL BOCA RATON FL 33428			
		DOCK INTON PE 30			<ol> <li>Date Incorporated or Qualified 02/29/1988</li> </ol>	3a. Date of Last Report 05/01/1995
2. Principal Pla	ice of Business	2a. Mailing Address			4. FEI Number	Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite Ant # etc		65-0030614	Not Applicable
22		27	<b>├</b> ─┐ `		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
Zip <b>24</b>	Country 25	Zφ	Countr	У	8. This corporation has liability for i	
[24]	9, Name and Address of Current Regis				Florida Statutes Yes You You You 10. Name and Address of New Registered Agent	
			8	Name		,
ABBOTT,	SANDRA L.		8:	Street Ac	Idress (P.O. Box Number is Not Acceptab	(a)
	ANGE PARK TRAIL			Sileer Ac	Idiess (F.C. Dox Hamber & Not Acceptab	( <del>o</del> )
BOCA RA	ATON FL 33428		8	3		
			84	City		85 Zip Code
11 Divroyant to	the ore delene of Centings 007.0	F00 1007 4500 ftg 34 .00 i		1		FL I I
or registere	ed agent, or both, in the State of Fin, and accept the obligations of, S	-ionda. Such change was author	izea by the cor	poration's bo	oration submits this statement for the pur pard of directors. I hereby accept the appe	pose of changing its registered office pintment as registered agent. I am
SIGNATURE						
12.	Signature, typicd or printed name of registered a OFFICERS	agont and title if applicable (N AND DIRECTORS	NOTE Registered Age	ent signature requ	red when reinstating)  ADDITIONS/CHANGES TO OFFI	DATE
TIFLE	D	DELETE	1 1 TITLE		FEDERIONS/CHANGES TO OFF	CERS AND DIRECTORS IN 12  Change Addition
NAME	ABBOTT, SANDRA L.	<b>_</b>	1.2 NAME			Onlings Hashiten
STREET ADDRESS	9836 ORANGE PARK TRA	.IL		1 ADDRESS		
CITY - ST-ZIP	BOCA RATON FL		14 CITY-			İ
TITLE		DELETE	2 1 TITLE			Change Addition
NAME			2.2 NAME			
STREET ADDRESS			2 3 STREE	T ADDRESS		
CITY-ST-ZIP			2 4 CHTY -	ST-ZIP		
TITLE		☐ DELETE	3 1 TITLE			Change Addition
NAME			3 2 NAME			
SIREEI ADDRESS				T ADDRESS	•	
CITY-ST-ZIP TITLE		☐ DELETE	3.4 CITY - 4. 1 TITLE			Change T 4422
NAME			4. 1 HILE 4.2 NAME			Change 🗎 Addition
STREET ADDRESS				T ADDRESS		
CITY-SI-ZIP			4.3 STREE			
TITLE	····	DELETE	5 1 TillE			Change Addition
NAME			5.2 NAME			
STREET ADDRESS				T ADDRESS		
CHTY-ST-ZIP			5 4 CiTY-			
ŤITLE		DELETE	6 1 TITLE			Change Addition
NAME			6.2 NAME			
STREET ADDRESS			6 3 STREE	T ADDRESS		
C+TY+ST+Z4P			6.4 CITY -	ST-ZIF		
14. I do hereby	certify that the information suppli-	ed with this filing is voluntarily fur			for the exemption stated in Section 119 (	7/(3)/k) Florids Statutes I further

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 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: Sandra J. Whoth (Sandra L. Abboth) 4/14/46 (407) 447-2771

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Date Depart Printed

CR2E034 (12/95)