

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # K39946 (4)

1. Corporation Name

ABER INCORPORATED

Principal Place of Business

Mailing Address

401 E. ROBINSON ST. #304
ORLANDO FL 32801-1947

401 E. ROBINSON ST. #304
ORLANDO FL 32801-1947



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc
#403

26 Suite, Apt. #, etc
#403

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

10/14/1988

3a. Date of Last Report

04/10/1995

4. FEI Number

59-2922780

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

ABERNETHY, MICHAEL E.
401 E. ROBINSON ST. #304
ORLANDO FL 32801-1947

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

401 E. Robinson St #403

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, type or print name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when re-appointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE PVSD ☐ DELETE
NAME ABERNETHY, MICHAEL E
STREET ADDRESS 401 E. ROBINSON ST. #304
CITY-ST-ZIP ORLANDO FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

11 TITLE
12 NAME
13 STREET ADDRESS 401 E. Robinson St #403
14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition
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53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

71 TITLE ☐ Change ☐ Addition
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74 CITY-ST-ZIP

81 TITLE ☐ Change ☐ Addition
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94 CITY-ST-ZIP

101 TITLE ☐ Change ☐ Addition
102 NAME
103 STREET ADDRESS
104 CITY-ST-ZIP

111 TITLE ☐ Change ☐ Addition
112 NAME
113 STREET ADDRESS
114 CITY-ST-ZIP

121 TITLE ☐ Change ☐ Addition
122 NAME
123 STREET ADDRESS
124 CITY-ST-ZIP

131 TITLE ☐ Change ☐ Addition
132 NAME
133 STREET ADDRESS
134 CITY-ST-ZIP

141 TITLE ☐ Change ☐ Addition
142 NAME
143 STREET ADDRESS
144 CITY-ST-ZIP

151 TITLE ☐ Change ☐ Addition
152 NAME
153 STREET ADDRESS
154 CITY-ST-ZIP

161 TITLE ☐ Change ☐ Addition
162 NAME
163 STREET ADDRESS
164 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 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 617, 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

MICHAEL E. ABERNETHY

Pres/Dir

6/6/96

407-422-6571

Date

Daytime Phone #

CR2E034 (3/96)