

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **K40737** (4)

1. Corporation Name

ABZ EXTERMINATORS, INC.



Principal Place of Business

**1587 BANKS ROAD
MARGATE FL 33063
US**

Mailing Address

**1587 BANKS ROAD
MARGATE FL 33063
US**

3. Date Incorporated or Qualified
10/24/1988

3a. Date of Last Report
04/28/1995

2. Principal Place of Business
21 **1587 BANKS ROAD**

2a. Mailing Address
26 **1587 BANKS ROAD**

4. FEI Number
65-0076444

Applied For
Not Applicable

Suite, Apt. #, etc.
22 **MARGATE FL.**

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

City & State

City & State
28 **MARGATE FL.**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

Zip
24 **33063**

Country
25 **USA**

Zip
29 **33063**

Country
30 **USA**

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BORRERO, MARIA
1587 BANKS ROAD
MARGATE FL 33063-3723**

81 Name **BORRERO MARIA**

82 Street Address (P.O. Box Number is Not Acceptable)
1587 BANKS ROAD

83

84 City **MARGATE** **FL** 85 Zip Code **33063**

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]
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PDT** ☒ DELETE
NAME **MARQUINA, CARMEN**
STREET ADDRESS **1587 BANKS ROAD**
CITY-ST-ZIP **MARGATE FL**

TITLE **VSD** ☐ DELETE
NAME **BORRERO, MARIA**
STREET ADDRESS **1587 BANKS ROAD**
CITY-ST-ZIP **MARGATE 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

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE **PDT-ST. D.** ☒ Change ☐ Addition
2.2 NAME **BORRERO, MARIA**
2.3 STREET ADDRESS **1587 BANKS RD. MARGATE FL. 33063**
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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 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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-96

Date

972-9229

Daytime Phone #

CR2E034 (12/95)