FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sander B. Mortham

Secretary of State
DIVISION OF CORPÓRATIONS

DOCUMENT # K40737

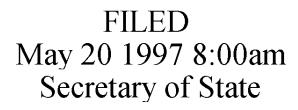
(4)

ABZ EXTERMINATORS, INC.

Principal Place of Business

1587 BONKS ROAD MARGATE FL 33083 Mailing Address

1587 BONKS ROAD MARGATE FL 33063-7745 US





US		US	:		
				3. Date Incorporated or Qualified 10/24/1988	3a, Date of Last Report 05/01/1996
	Place of Business	2a. Mailing Address	. 0 1	4. FEI Number	Applied For
<u>න</u>	7 Banhs hoc	26 1587 TOBA	ths those	65-0076444	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		E Carlifficate of Chatter Danier	\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & Stat	е	City & State		6. Election Campaign Financing	\$5.00 May Be
23 400	eate, FL	28 Horgote	FL	Trust Fund Contribution	Added to Fees
Zip\	Country	Zip	Country	8. This corporation has liability for i	ntangible tax under s. 199.032,
24 330	63 25 0.5	29 33 CX 33 30	o じら.	Florida Statutes	Yes No
	g. Name and Address of Curr	ent Registered Agent		10. Name and Address of New Re	Jistered Agent
	rrero, maria		. B1 Name		
1587 BONKS ROAD 82 Street			82 Street Adds	ress (P.O. Box Number is Not Acceptab	le)
MARGATE FL 33063-3723				(To be with the first to be place	
			83		
	•		84 City		7-
	·		- 84 City		85 Zip Code
11. Pursuant	to the provisions of Sections 607.0	502 and 607.1508, Florida Statutes,	the above-named corp	poration submits this statement for the p	urpose of changing its registered
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	(anne M	· Monero			
OIGH TIOTIE	Signature, typed or printed name of registered	agent and little if applicable (NOTE F	legistered Ager I signature requir	red whon reinstating)	DATE
_12.		IND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	
TITLE	PDST	DELETE	1.1 TITLE		Change Addition
NAME	BORRERO, MARIA		1.2 NAME		
STREET ADDRESS	1587 BONKS RD		1.3 STREET ADDRESS		
CITY-ST-ZIP	MARGATE FL		1.4 C(TY - ST - Z(P		
TITLE		[] DELETE	2.1 TITLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2. 4 CITY - ST - ZIP		
TITLE		☐ DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CIRY-S1-7IP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STHEET ADDRESS		
CITY-ST-ZIP		i	4.4 CITY-ST-7IP		
TITLE		☐ DELETE	51 1IILE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-S1-7IP		
TITLE	,	DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS		·	6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CHY - ST - ZIF		
14. I do herek	by certify that the information suppl	ied with this filing does not qualify f	or the exemption stated	in Section 119.07(3)(i), 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 it 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	n Block 12 or Block 13 if ehanged,	or on an attachment with an address	SS.	a see all asset as a see a see	
	/ / .	. (2)	^		1 / 1