

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 AM 9:14

DOCUMENT # K46894

(7)

1. Corporation Name

ABEL/KEY INTERNATIONAL, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

141 6TH AVE
INDIALANTIC FL 32903
US

Mailing Address

141 6TH AVE
INDIALANTIC FL 32903
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

11/18/1988

3a. Date of Last Report

06/03/1994

4. FBI Number

59-2927710

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

\$5.00 May Be

Trust Fund Contribution

☐

Added to Fees

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

2. Principal Place of Business

21 520 N. HARBOR CITY
BLVD

2a. Mailing Address

26 Suite, Apt. #, etc.

City & State

23 MELBOURNE FL

City & State

28

Zip

24 32935

Country

25 BREVARD

Zip

29

Country

30

9. Name and Address of Current Registered Agent

KEY-ABEL, SANDY
1709 PINE STREET
INDIALANTIC FL 32903

10. Name and Address of New Registered Agent

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 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 *Barbara Fauero*
Signature, typed or printed name of registered agent and title if applicable

Barbara Fauero
(NOTE: Registered Agent signature required when rotating)

4/28/95
DATE

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	KEY-ABEL, SANDY
STREET ADDRESS	2442 CARRIAGE CT
CITY - ST - ZIP	INDIALANTIC FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	BARBARA FAVERO	☒ Change ☐ Addition
1.2 NAME	165 E. DOVER ST	
1.3 STREET ADDRESS	SATELLITE BEACH, FL 32937	
1.4 CITY - ST - ZIP		☐ Change ☐ Addition
2.1 TITLE		
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		☐ Change ☐ Addition
3.1 TITLE		
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		☐ Change ☐ Addition
4.1 TITLE		
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		☐ Change ☐ Addition
5.1 TITLE		
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		☐ Change ☐ Addition
6.1 TITLE		
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		☐ Change ☐ Addition

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 110.07(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:

Barbara Fauero
BARBARA FAVERO

4/28/95 407 255-4262
(Type Name)