FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **K55327** **(6)**

1. Corporation Name

A-1 ABLE SERVICES, INC.

Principal Place of Business

2915 S.W. 2ND AVE.
FT. LAUDERDALE FL 33315

Mailing Address

2915 S.W. 2ND AVE.
FT. LAUDERDALE FL 33315

3. Date Incorporated or Qualified: **12/27/1988**

3a. Date of Last Report: **03/09/1995**

4. FEI Number: **59-2930409** ☐ 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

2. Principal Place of Business
21

Suite, Apt. #, etc.
22

City & State
23

Zip 24 | County 25

2a. Mailing Address
26

Suite, Apt. #, etc.
27

City & State
28

Zip 29 | County 30

9. Name and Address of Current Registered Agent

KOPPANG, JUNE M.
2915 S.W. 2ND AVE.
FT. LAUDERDALE FL 33315

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 Section 617.0502 and 617.1505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or its 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 617.0501, Florida Statutes.

SIGNATURE DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1 TITLE	V ☐ DELETE	1 TITLE	☐ Change ☐ Addition
NAME	KOPPANG, DOUGLAS L. SR.	1 NAME	
STREET ADDRESS	2915 SW 2ND AVE	1 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	1 CITY-ST-ZIP	
2 TITLE	PD ☐ DELETE	2 TITLE	☐ Change ☐ Addition
NAME	KOPPANG, JUNE M.	2 NAME	
STREET ADDRESS	2915 SW 2ND AVE	2 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL	2 CITY-ST-ZIP	
TITLE	☐ DELETE	3 TITLE	☐ Change ☐ Addition
NAME		3 NAME	
STREET ADDRESS		3 STREET ADDRESS	
CITY-ST-ZIP		3 CITY-ST-ZIP	
TITLE	☐ DELETE	4 TITLE	☐ Change ☐ Addition
NAME		4 NAME	
STREET ADDRESS		4 STREET ADDRESS	
CITY-ST-ZIP		4 CITY-ST-ZIP	
TITLE	☐ DELETE	5 TITLE	☐ Change ☐ Addition
NAME		5 NAME	
STREET ADDRESS		5 STREET ADDRESS	
CITY-ST-ZIP		5 CITY-ST-ZIP	
TITLE	☐ DELETE	6 TITLE	☐ Change ☐ Addition
NAME		6 NAME	
STREET ADDRESS		6 STREET ADDRESS	
CITY-ST-ZIP		6 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing is true and accurate and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that this formation 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 added above.

SIGNATURE: June M. Koppang 1/19/96 (954)761-8893
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)