

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

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Apr 30 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # K81189 (8)
1. Corporation Name
ABOVE BOARD CONTROLS, INC.

Principal Place of Business 7500 NW 1ST CT STE 101 PLANTATION FL 33317 US	Mailing Address 7500 NW 1ST CT STE 101 PLANTATION FL 33317 US
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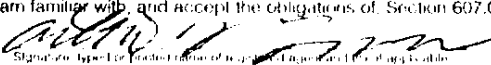
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 7448 NW 1 MANOR Suite, Apt. #, etc. 22 City & State 23 PLANTATION FL Zip 24 33317 Country 25 USA	2a. Mailing Address 26 7027 W. BROWARD BLVD Suite, Apt. #, etc. 27 228 City & State 28 PLANTATION FL Zip 29 33317 Country 30 USA	3. Date Incorporated or Qualified 04/14/1989 4. FEI Number 65-0112019 Applied For Not Applicable 5. Certificate of Status Desired 6. Election Campaign Financing Trust Fund Contribution 7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 8. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
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DIROCCO, RAYMOND M.
4072 WEST BROWARD BLVD.
PLANTATION FL 33317

10. Name and Address of New Registered Agent 81 Name ARTHUR LYNN 82 Street Address (P.O. Box Number is Not Acceptable) 7027 W. BROWARD BLVD #228 83 84 City PLANTATION FL 85 Zip Code 33317
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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  DATE 4/21/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D LYNN, ARTHUR 7500 NW 1ST CT #101 PLANTATION FL	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	7448 NW 1 MANOR
CITY-ST-ZIP		1.4 CITY-ST-ZIP	PLANTATION, FL 33317
TITLE	D LYNN, LETHA 7500 NW 1ST CT #101 PLANTATION FL	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	7448 NW 1 MANOR
CITY-ST-ZIP		2.4 CITY-ST-ZIP	PLANTATION FL 33317
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for 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 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: LETHA E LYNN LETHA E LYNN 4/20/98 954-791-6382

CR2E034 (10/97)