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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L01008

A. B. FINANCING & INVESTMENTS, INC.

FILED Feb 19, 1999 8:00 am Secretary of State 02-19-1999 90133 006 ***158.75

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				1 (23)(2)) ON 24(0) (19)) ORNI GRIP (19)	BIBIT BIBIT BIBIT BIBIT BIBIT BIBIT	
Principal	Place of Business	Mailin A 4				
9111 SW 1	51 AVENUE ROAD	Mailing Address		s sousent ast outal titals abilt outab (61)	REDIK BEGIN BEBIN BEBIN BEBIN BEBIN BEBIN	
MIAMI FL 33196 9111 SW 151 AVENUE I			OAD			
				DO NOT WRITE IN	THIS SPACE	
<u> </u>				Date Incorporated or Qualifed	THIS OF AGE	
	al Place of Business	2a. Mailing Address		07/11/1989		
21		26		4. FEI Number	Applied For	
	Apt. #, etc.	Suite, Apt. #, etc.		65-0131023	Not Applicable	
22 City & S				5. Certificate of Status Desired	\$8.75 Additional	
23	piate	City & State			Fee Required	
Zip		28		6. Election Campaign Financing	\$5.00 May Be	
24	Country	Zip	Country		Added to Econ	
	9 Name and Add	29	30	8. This corporation owes the current year	Intangible	
		Current Registered Agent		reisurial Property Tax.		
CH	100s, s. scott		81 Name	10. Name and Address of New Register	ed Agent	
150	600 S.W. 288 STREET		82 Street			
SUITE 312			oz Street	32 Street Address (P.O. Box Number is Not Acceptable)		
HO	MESTEAD FL 33030		83	<u>`</u>		
			La-1			
11, Pursuan	It to the provisions of C. II		84 City	· •	85 Zin Code	
 Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes office or registered agent, or both, in the State of Florida. Such change was aut agent. I am familiar with, and accept the obligations of, Section 607.0505, Florid SIGNATURE 			s, the above-named of	Corporation submits this	L Sold	
agent. I	am familiar with, and accept the	obligations of, Section 607.0505, Flor	Ithorized by the corpo	ration's board of directors. I hereby accept the appr	of changing its registered	
SIGNATURE			olutulos.	y ====pt mb upp	Continent as registered	
12.	Signature, typed or printed name of register	ed agent and title if applicable. (NOTE:	Registered Agent signature red	juired when reinstation)		
TITLE	PSD		13.			
NAME	BLISSETT, ANTHONY	☐ DELETE	1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS A		
STREET ADDRESS	9111 SW 151 AVE RD		1.2 NAME		☐ Change ☐ Addition	
CITY-ST-ZIP	MIAMI FL		1.3 STREET ADDRESS		25	
TITLE			1.4 CITY-ST-ZIP		<u>i</u>	
VAME		☐ DELETE	2.1 TITLE		<u> </u>	
STREET ADDRESS			2.2 NAME		☐ Change ☐ Addition ☐	
TTY-ST-ZIP			2.3 STREET ADDRESS			
TILE		☐ DELETE	2. 4 CITY-ST-ZIP		·	
'AME		LI DECEIE	3.1 TITLE		☐ Change ☐ Addition	
TREET ADDRESS			3.2 NAME	_	☐ Change ☐ Addition	
TTY-ST-ZIP			3.3 STREET ADDRESS	•	ſ	
TLE		☐ DELETE	3.4 CITY-ST-ZIP		}	
ME		C) Detele	4.1 TITLE		☐ Change ☐ Addition	
REET ADDRESS			4. 2 NAME		☐ Change ☐ Addition	
TY-ST-ZIP			4.3 STREET ADDRESS		Ì	
LE		☐ DELETE	4.4 CITY-ST-ZIP			
ME		ے مردد او	5.1 TITLE 5.2 NAME		☐ Change ☐ Addition	
REET ADDRESS		Ĭ	1			
Y-ST-ZIP	_	· ·	5.3 STREET ADDRESS		}	
LE			5.4 CITY-ST-ZIP	·		
1E			6.1 TITLE		☐ Change ☐ Addition	
EET ADDRESS		1	6.2 NAME	· •	☐ Change ☐ Addition	
-ST-ZIP			5.3 STREET ADDRESS			
I hereby cort	ify that the information average	with this filing does not qualify for the	3.4 CITY-ST-ZIP		} .	

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 of 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, of or an attachment of the corporation of the receiver of trustee empowered. Anthony W Blissett 2/4/99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305 388 9842