

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

FILED

Feb 10 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 # L21579 (2)  
1. Corporation Name  
A ABELLE INSURANCE, INC.

Principal Place of Business 2875 N.E. 191ST STREET SUITE 857 AVENTURA FL 33180 US	Mailing Address 2875 N.E. 191ST STREET SUITE 857 AVENTURA FL 33180 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 4801 SOUTH UNIVERSITY DRIVE Suite, Apt. #, etc. 219 City & State DAVIE FL. Zip 33328 Country BROWARD	2a. Mailing Address 26 4801 SOUTH UNIVERSITY DRIVE Suite, Apt. #, etc. 219 City & State DAVIE FL. Zip 33328 Country BROWARD	3. Date Incorporated or Qualified 10/10/1989	4. FEI Number 65-0146990	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input checked="" type="checkbox"/>	\$5.00 May Be Added to Fees	
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent JAFEE, LENORA 9520 TOLEDO LANE FT. LAUDERDALE FL 33324		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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DS	1.1 TITLE	DIRECTOR, SECRETARY/
NAME	JAFEE, LENORA	1.2 NAME	JAFEE, LENORA TREASURER
STREET ADDRESS	2875 N.E. 191ST STREET, SUITE 857	1.3 STREET ADDRESS	4801 SOUTH UNIVERSITY DRIVE, SUITE 219
CITY-ST-ZIP	AVENTURA FL	1.4 CITY-ST-ZIP	DAVIE, FL. 33328
TITLE	DP	2.1 TITLE	DIRECTOR, PRESIDENT
NAME	JAFEE, LOIS K.	2.2 NAME	JAFEE, LOIS K.
STREET ADDRESS	2875 N.E. 191ST STREET, SUITE 857	2.3 STREET ADDRESS	4801 SOUTH UNIVERSITY DRIVE SUITE 219
CITY-ST-ZIP	AVENTURA FL	2.4 CITY-ST-ZIP	DAVIE FL 33328
TITLE	DV	3.1 TITLE	DV
NAME	JAFEE, JAMES I.	3.2 NAME	JAFEE, JAMES I.
STREET ADDRESS	2875 N.E. 191ST STREET, SUITE 857	3.3 STREET ADDRESS	4801 SOUTH UNIVERSITY DRIVE SUITE 219
CITY-ST-ZIP	AVENTURA FL	3.4 CITY-ST-ZIP	DAVIE, FL. 33328
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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: Lenora Jaffee (LENORA JAFEE 2/2/98 (954)452-8991)

CR2E034 (10/97)