


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

03068

FILED
Mar 22, 1999 8:00 am
Secretary of State

03-22-1999 90003 006 ***155.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # L21579		
1. Corporation Name A ABELLE INSURANCE, INC.		

Principal Place of Business 4801 SOUTH UNIVERSITY DR #219 DAVIE FL 33328 US	Mailing Address 4801 SOUTH UNIVERSITY DRIVE #219 DAVIE FL 33328 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 25		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30		3. Date Incorporated or Qualified 10/10/1989	4. FEI Number 65-0146990	Applied For <input type="checkbox"/> 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 the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent JAFFEE, 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			
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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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DST	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	JAFFEE, LENORA			1.2 NAME			
STREET ADDRESS	4801 SOUTH UNIVERSITY DR, STE. 219			1.3 STREET ADDRESS			
CITY-ST-ZIP	DAVIE FL 33328			1.4 CITY-ST-ZIP			
TITLE	DP	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	JAFFEE, LOIS K.			2.2 NAME			
STREET ADDRESS	4801 SOUTH UNIVERSITY DRIVE, STE. 219			2.3 STREET ADDRESS			
CITY-ST-ZIP	DAVIE FL 33328			2.4 CITY-ST-ZIP			
TITLE	DV	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	JAFFEE, JAMES I.			3.2 NAME			
STREET ADDRESS	4801 SOUTH UNIVERSITY DR, STE. 219			3.3 STREET ADDRESS			
CITY-ST-ZIP	DAVIE FL 33328			3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		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		<input type="checkbox"/> DELETE		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		<input type="checkbox"/> DELETE		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, with all other like empowered.

SIGNATURE:

LENORA JAFFEE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date **3/15/99** Daytime Phone # **(954) 452 6930**

CR2E034 (1/98)