

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

DOCUMENT # L22566

(8)

95 JAN 17 PM 12: 27

1. Corporation Name

A.B.M. TAX & ACCOUNTING, INC.

Principal Place of Business

**2855 UNIVERSITY DRIVE
310
CORAL SPRINGS FL 33065
US**

Mailing Address

**2855 UNIVERSITY DRIVE
301
CORAL SPRINGS FL 33065
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/13/1989

3a. Date of Last Report
02/21/1994

4. FEI Number
65-0148930

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 Country

2a. Mailing Address

25. Suite, Apt. #, etc.

26. City & State

27. Zip Country

9. Name and Address of Current Registered Agent

**MILLSTEIN, IRWIN
2855 UNIVERSITY DRIVE
310
CORAL SPRINGS FL 33065**

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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

(Signature of present owner of registered agent and then if applicable)

(Signature of Agent Signature required when mandating)

(Date)

12. OFFICERS AND DIRECTORS

1. TITLE
NAME
STREET ADDRESS
CITY ST ZIP
**P
MILLSTEIN, IRWIN
2855 UNIVERSITY DRIVE, SUITE 310
CORAL SPRINGS FL**

2. TITLE
NAME
STREET ADDRESS
CITY ST ZIP
**V
✓**

3. TITLE
NAME
STREET ADDRESS
CITY ST ZIP

4. TITLE
NAME
STREET ADDRESS
CITY ST ZIP

5. TITLE
NAME
STREET ADDRESS
CITY ST ZIP

6. TITLE
NAME
STREET ADDRESS
CITY ST ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY ST ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY ST ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY ST ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY ST ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY ST ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY ST ZIP

☐ Change ☐ Addition

☐ Change ☒ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information included in 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 as principal or as an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Irwin MILLSTEIN, PRES.

1/9/95

(305) 345-6722