

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # L22566 (8)

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

3. Date Incorporated or Qualified
10/13/1989

3a. Date of Last Report
01/17/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

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

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

MILLSTEIN, IRWIN
2855 UNIVERSITY DRIVE
310
CORAL SPRINGS FL 33065

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 607.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent (and secretary, if applicable)

(NOTE: Registered Agent's signature required when making change)

DATE

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS ☐ DELETE

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
BENTON, BRIAN J
11504 LAKEVIEW DR
CORAL SPRINGS FL ☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
BENTON, BRIAN J
11504 LAKEVIEW DR
CORAL SPRINGS FL ☐ DELETE

TITLE
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13.

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

800001805408
-05/02/96 - 01036 - 011
***200.00

5-296
JR

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/96