SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

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COR	PROFIT CORPORATION INNUAL REPORT		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State		FILED			
	1998		DIVISION OF C	ORPORA	ATIONS	98 JUL 24 PM 3	: 34	
DOCUMENT # L60876 - (4)						SECRETARY OF S	SECRETARY OF STATE TALLAHASSEE, FLORIDA	
ADVANCED BUSINESS MACHINES, INC.						TALLAHASSEE, FL	TALLAHASSEE, FLURIDA	
Principal Place of Business Mailing Address							881 01014 01010 81811 0F011 6 1011 F061	
16391 NE 11TH			16391 NE 11TH AVE N MIAMI BEACH FL 33162					
N MIAMI BEACH FL 33162 N MIAMI BI US US			OCHONIC WIVE			DO NOT WRITE IN T	HIS SPACE	
						3. Date Incorporated or Qualified 03/23/1990	3. Date incorporated or Qualified 03/23/1990	
	lace of Business	⊢ı	2a. Mailing Address			4. FEI Number	Applied For	
Suite, Apt.	#, etc.	war a financial and war war and a second	26			65-0191958	Not Applicable \$8.75 Additional	
22		27				5. Certificate of Status Desired	Fee Required	
City & Stat	te	h	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country Zip			Country		8. This corporation owes or has paid the	current year Intangible	
24	25 9, Name and Address of	[29] Current Registered Ag	- m.s.as assess	30		Personal Property Tax due June 30. 10. Name and Address of New Register	Yes No	
ELO	I, PATRICK P.			1	Name	-		
1021 NW 173RD AVE					32 Street Ac	ress (P.O. Box Number is Not Acceptable)		
PEMBROKE PINES FL 33029					33	 -		
					84 City 85 Zip Code			
						-L		
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. Landamiliar with and accept the obligations of, section 607.0605, Florida Statutes.								
agent. Lam familiar with 1nd accept the obligations of, section 607.0605, Florida Statutes. SIGNATURE							90	
	Signature, typed or pinted name of regis		(NO)		d Agent signature	required when reinstating) DAT	1	
12.	OFFICE P	RS AND DIRECTORS	DELETE	13.		ADDITIONS/CHANGES TO OFFIGERS	Change Addition	
NAME	ELOI, PATRICK P.	L		1,2 NAM	E		Change Addition	
STREET ADDRESS	1021 NW 173RD AVE		,	1.3 STREET ADDRESS				
CITY-ST-ZIP TITLE	GM CM	PEMBROKE PINES FL 33029 GM DELETE		1.4 CITY-ST-ZIP 2.1 TITLE			Channa Addition	
NAME	HODAK, MANNY	L	A) DETE LE	2.2 NAM		· · · · · · · · · · · · · · · · · · ·	Change Addition	
STREET ADDRESS	900 BAY DRIVE. #603			2.3 STRE	ETADDRESS	9000260 -07/29/98 ****150.1	17195	
C/TY-ST-ZIP	MIAMI BEACH FL 33161		Trecer	2.4 CITY 3.1 TITLE		****150.1		
NAME		L	DELETE	3.1 HILL			Change * Y Addition	
STREET ADDRESS				1	ET ADDRESS			
CITY-ST-ZIP			<u> </u>	3.4 CHTY				
TITLE NAME		Ĺ	DELETE	4.1 TiTLI 4.2 NAM			Change Addition	
STREET ADDRESS					ET ADDRESS			
CITY-ST-ZIP				4.4 CITY				
TITLE NAME		L	DELETE	5.1 TITLI 5.2 NAM			Change Addition	
STREET ADDRESS					ET ADDRESS			
CITY-ST-ZIP		and the second control of the second control		5.4 CITY				
TITLE			DELETE	6.1 TITLI			Change (Addition)	
NAME STREET ADDRESS				6.2 NAM 6.3 STRE	ET ADDRESS		/ XX /	
CITY-ST-ZIP				6.4 CITY	ST-ZIP			
indicated a	on this annual report or supple	mental app ual report is l	true and accura	ate and th	at my sionatu	ection 119.07(3)(i), Florida Statutes. I further cen ire shall have the same legal effect as if made u	nder oath that I am	
an officer or director of the corporation or the receiver or flostee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 in changed, or on an attachment with an address.								
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