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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # L80296 1. Corporation Name

AB-TECH CONSULTANTS, INC.

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Principal Place of	Business	Mailing Address								
C/O ALEXANDER A		P.O. BOX 832283					•			
5420 SW 114 COURT 5420 SW 114 COURT MIAMI FL 33165 MIAMI FL 33283						DO NOT WRITE IN THIS SPACE				
MINMI TE 33103		US					ate Incorporated or Qualifed 6/12/1990			
2, Principal Place	of Business	2a. Mailing Address				4, FI	El Number	-	Ap	plied For
21		26				6	5-0244352		No	t Applicable
Suite, Apt. #, et	tc.	Suite, Apt. #, etc.				5 C	ertifcate of Status Desired		· \$8.75 /	
22		27							Fee Re	
City & State		City & State				1	lection Campaign Financing		\$5.00	
23		28					rust Fund Contribution		Added	to Fees
Zip	Country	Zip	Cour	шу			his corporation owes the curr ersonal Property Tax.	rent year int	angible □ Yes	□No
24	25 Name and Address of Current	Pagistared Agent	30		-		lame and Address of New I	Registered		
9	Name and Address of Cultelli	Kagisterad Agent		81	Name	10. 11	The state of the s			
BOUCLE	E, ALEXANDER A.									<del> </del>
5420 SV	V 114 COURT			82	Street Addre	ess (P.O	). Box Number is Not Accept	able)		, to the second
MIAMI F	L 33165		F	83	., "-	· ·	Ganto to action	1943	3. 1 : 3.4	
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				84	City			FL	85 Zip	Code
11, Pursuant to the	ne provisions of Sections 607.0502	allu bur. 1506, Flutida Statut	.co, uic au		named corpo	n'e boar	JODINIO LING SIGIOTION TO THE	ne the annai	ntment as re	
agent, I am fa	miliar with, and accept the obligati	ons of, Section 607.0505, Flo	nida Statu	by tr ites.	ne corporation		rd of directors. I hereby acce	рг пе аррог	Titilion as to	egistered
agent, I am fa	amiliar with, and accept the obligation	ons of, Section 607.0505, Flo and title if applicable. (NOTE	rida Statu	by tr ites.	he corporation	when rein	stating)	DATE		
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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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

**FILED** 

Feb 17, 1999 8:00am

**Secretary of State** 

02-17-1999 90003 020 \*\*\*150.00