


**2nd and FINAL NOTICE:** File on or before Sept. 30, 1998 or Limited Liability Company will be dissolved. If dissolved, minimum amount due to reinstate: \$688.75

LIMITED LIABILITY COMPANY ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

<b>FILING FEE</b> <b>\$ 588.75</b>	Annual Report \$100.00 + \$68.75 Corporation Supplemental Fee + \$400.00 Late Fee <b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>
---------------------------------------	--

1. Name and Mailing Address of Limited Liability Company <b>DOCUMENT # L97000001323</b>  ABL TRAVEL INCENTIVES & EVENTS, L.C. 7041 GRAND NATIONAL DRIVE, SUITE 130 ORLANDO FL 32819
--

**FILED**  
**98 AUG 19 AM 9:20**  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country	3. Date Organized or Qualified 11/24/1997	3a. State of Formation FL	4. FEI Number 59-3479957 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	5. Date of Last Report	6. Certificate of Status Desired \$6.75 Additional Fee Required <input type="checkbox"/>
--	---	--	------------------------------	--	------------------------	---

7. Name and Address of Current Registered Agent KOLTUN, JEFFREY M 1061 MAITLAND CENTER COMMONS SUITE 106 MAITLAND FL 32751	8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City Zip Code FL
--	--

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company 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 affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	AMBAR, RONALD	7041 GRAND NATIONAL DRIVE,	ORLANDO FL
MGRM	AMERICAN BRAZIL LOBB,	7041 GRAND NATIONAL DRIVE,	ORLANDO FL

200002622202--4  
-08/21/98--01078--007  
\*\*\*\*588.75 \*\*\*\*588.75

Dec

11. I do 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.

**SIGNATURE:**  **RONALD AMBAR** 8/17/98 (407) 345-5255  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #