


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

FILED

Feb 03 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>				FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # M17778 (5)</b>					
1. Corporation Name <b>ABI COMPANIES, INC.</b>					
Principal Place of Business <b>2502 ROCKY POINT DR., SUITE 740 TAMPA FL 33607</b>			Mailing Address <b>2502 ROCKY POINT DR., SUITE 740 TAMPA FL 33607-1446</b>		
2. Principal Place of Business 21 Suite, Apt. #, etc <b>Suite 640</b>		2a. Mailing Address 26 Suite, Apt. #, etc <b>Suite 640</b>		3. Date Incorporated or Qualified <b>07/09/1985</b>	
22 City & State <b>Tampa FL</b>		27 City & State <b>Tampa FL</b>		3a. Date of Last Report <b>01/24/1996</b>	
23 Zip <b>33607</b>		28 Country <b>FL</b>		4. FEI Number <b>59-2556119</b>	
24 Country <b>FL</b>		29 Zip <b>33607</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
25 Country <b>FL</b>		30 Country <b>FL</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
9. Name and Address of Current Registered Agent <b>HARTER, CRAIG R. 2502 ROCKY POINT DR., SUITE 740 TAMPA FL 33607</b>			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 City 84 State <b>FL</b> 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 607.0505, Florida Statutes.					
SIGNATURE * Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS					
TITLE	<b>D WILKINS, WILLIAM</b> <input type="checkbox"/> DELETE				
NAME	<b>2502 ROCKY POINT DRIVE, #740</b>				
STREET ADDRESS	<b>TAMPA FL</b>				
CITY - ST - ZIP	<b>TAMPA FL</b>				
TITLE	<b>PD BOOTH, WILLIAM H. III</b> <input type="checkbox"/> DELETE				
NAME	<b>2502 ROCKY POINT DR., #740</b>				
STREET ADDRESS	<b>TAMPA FL</b>				
CITY - ST - ZIP	<b>TAMPA FL</b>				
TITLE	<b>STD LAUER, F. BRUCE</b> <input type="checkbox"/> DELETE				
NAME	<b>2502 ROCKY POINT DR., #740</b>				
STREET ADDRESS	<b>TAMPA FL</b>				
CITY - ST - ZIP	<b>TAMPA FL</b>				
TITLE	<b>V BROOKS, JEFFREY</b> <input type="checkbox"/> DELETE				
NAME	<b>2502 ROCKY POINT DRIVE, #740</b>				
STREET ADDRESS	<b>TAMPA FL</b>				
CITY - ST - ZIP	<b>TAMPA FL</b>				
TITLE	<b>CFO HARTER, CRAIG R.</b> <input type="checkbox"/> DELETE				
NAME	<b>2502 ROCKY POINT DRIVE, #740</b>				
STREET ADDRESS	<b>TAMPA FL</b>				
CITY - ST - ZIP	<b>TAMPA FL</b>				
TITLE	<b>D CLARK, PETER B.</b> <input type="checkbox"/> DELETE				
NAME	<b>2502 ROCKY PT DR., #740</b>				
STREET ADDRESS	<b>TAMPA FL</b>				
CITY - ST - ZIP	<b>TAMPA FL</b>				
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
1.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
1.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
1.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
2.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
2.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
3.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
3.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
4.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
4.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
5.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
5.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
6.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
6.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
14. 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 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.					



SIGNATURE: \*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-6-97

813-289-8800 123

CR2E034 (9/96)