## 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 # M46118**

| <ol> <li>1. Corporation</li> </ol>  | on Name  |   |  |   |                            |   |
|---|--|---|--|---|----------------------------|---|
| A. B. PROPERTY SERVICES, INC.   |  |   |  |   |                            |   |
|   |  |   |  | \$ 19810011 (1) 0(8)0 0110( 1)001 (1)801 (10)1 0(6)   | )                          | ### <b>###</b> ############################## |
| 1   |  |   | •  |   |                            |   |
| Principal Plac  | e of Business  | Mailing Address   |  |   | IX BABAN BABAN BABAN BI    | AN OLDIA (BA)                                 |
| % ELIEZER ELBAZ % ELIEZER ELBAZ   |  |   |  |   |                            |   |
| 2645 N.E. 186 TERRACE B 2645 N.E. 186 TERRACE B   |  |   |  |   | •                          |   |
| N. MIAMI FL 33180 N. MIAMI FL 33180   |  |   | DO NOT WRITE IN TH   | IIS SPACE   |                            |   |
|   |  |   |  | 3. Date Incorporated or Qualifed  |                            |   |
|   |  |   |  | 02/05/1987  |                            |   |
| <u> </u>  | Place of Business  | 2a. Mailing Address   |  | 4. FEI Number   |                            | olied For                                     |
| 21  | Wash   | 26  |  | 59-2763281  |                            | Applicable                                    |
| Suite, Apt.   | . #, etc.  | Suite, Apt. #, etc.   |  | 5. Certifcate of Status Desired   | \$8.75 A                   |   |
| City & Stat   |  | City & State  | •  |   | Fee Red                    | ·   |
| <b>⊢</b> '  | ie   | <b>⊢</b> ′  |  | 6. Election Campaign Financing  | \$5.00 r                   |   |
| Zip   | Country  |   | Country  | Trust Fund Contribution   | Added to                   | rees  |
| 24  | 25   | <u> </u>  | 30   | <ol> <li>This corporation owes the current year I<br/>Personal Property Tax.</li> </ol>   | intangible<br>□Yes         | <b>Ω</b> Νο                                   |
| 2-1   | 9. Name and Address of Current   |   | 1  | 10. Name and Address of New Registere   |                            | <b>2</b>                                      |
| 3 11 8  |  |   | 81 Name  |   |                            |   |
|   | AZ, ELIEZER  |   | 82 Street Ad   | /DO Doubleston in No.   |                            |   |
| 2645 NE 186 TERRACE #3  |  | 62 Street Ad  | Idress (P.O. Box Number is Not Acceptable)   |   |                            |   |
| N M   | IAMI BEACH FL 33180  |   | 83   |   |                            | 1.011   |
|   |  |   | 84 City  | 1. 15 美華 2 智文 2 元 (1985年) 2 元 (1987年) 2 元 | 85 Zip C                   | 4.1 2.5 1 1381<br>Ode *********               |
| ្តិ »<br>ប្រសិទ្ធិសាសាស្រាស់  | 26.6.3   | er stovetser ev t   |  | F   |                            |   |
| 11. Pursuant  | to the provisions of Sections 607.0502   | and 607.1508, Florida Statute   | s, the above-named co  | rporation submits this statement for the purpose tion's board of directors. I hereby accept the app   | of changing its r          | egistered                                     |
| M coopt I o   | registered agent, or both, in the State of   | i Fiorida. Such change was au   | unonzeu dy une cordora   |   | omment as red              |   |
| i agentira  | ım tamıllar witn, and accept the obligati  | ons of, Section 607.0505, Flori   | da Statutes.   | ,,  |                            |   |
| SIGNATURE   | am tamıllar with, and accept the obligati  | ons of, Section 607.0505, Flori   | da Statutes.   |   |                            |   |
| SIGNATURE   | Signature, typed or printed name of registered agent   | ons of, Section 607.0505, Flori<br>and title if applicable. (NOTE: f                              | da Statutes. Registered Agent signature requi  | ired when reinstating), DATE  |                            |   |
| SIGNATURE   | Signature, typed or printed name of registered agent OFFICERS AND  | ons of, Section 607.0505, Flori<br>and title if applicable. (NOTE: I<br>D DIRECTORS               | da Statutes. Registered Agent signature requi  | DATE ADDITIONS/CHANGES TO OFFICERS A  | AND DIRECTOR               | RS IN 12                                      |
| SIGNATURE  12.  TITLE   | Signature, typed or printed name of registered agent OFFICERS AND  | ons of, Section 607.0505, Flori<br>and title if applicable. (NOTE: f                              | da Statutes.  Registered Agent signature requi   | ired when reinstating), DATE  |                            |   |
| SIGNATURE  12.  TITLE  NAME   | Signature, typed or printed name of registered agent OFFICERS AND D ELBAZ, ELIEZER   | ons of, Section 607.0505, Flori<br>and title if applicable. (NOTE: I<br>D DIRECTORS               | da Statutes.  Registered Agent signature requi  13.  1.1 TITLE  1.2 NAME   | DATE ADDITIONS/CHANGES TO OFFICERS A  | AND DIRECTOR               | RS IN 12                                      |
| SIGNATURE  12.  TITLE  NAME  STREET ADDRESS   | Signature, typed or printed name of registered agent OFFICERS AND D ELBAZ, EUEZER 1885 NE 207 STREET   | ons of, Section 607.0505, Flori<br>and title if applicable. (NOTE: I<br>D DIRECTORS               | da Statutes.  Registered Agent signature requi  13. 1.1 TiTLE 1.2 NAME 1.3 STREET ADDRESS  | DATE ADDITIONS/CHANGES TO OFFICERS A  | AND DIRECTOR               | RS IN 12                                      |
| SIGNATURE  12.  IIILE  NAME  STREET ADDRESS  CITY-ST-ZIP  | Signature, typed or printed name of registered agent OFFICERS AND D ELBAZ, ELIEZER 1885 NE 207 STREET N MIAMI BEACH FL 33179   | ons of, Section 607.0505, Flori and title if applicable. (NOTE: I D DIRECTORS DELETE              | da Statutes.  Registered Agent signature requi  13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP  | DATE ADDITIONS/CHANGES TO OFFICERS A  | AND DIRECTOF  Change       | RS IN 12                                      |
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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 conforation or the receiver or rustee 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 with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

新疆院的 身份 亞拉

**FILED** 

Jan 29, 1999 8:00am

**Secretary of State** 

01-29-1999 90069 008 \*\*\*150.00