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

**PROFIT CORPORATION ANNUAL REPORT** 

1998

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name M55724

(2)

Mailing Address

ABKEY MARKETING, INC.

FILED
Apr 03 1998 8:00am
Secretary of State
5



3444 MAIN H 3RD FLOOR COCONUT G US	ROVE FL 33133	P O BOX 330927 COCONUT GROVE FL 33233-927 US			DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified  07/17/1987						
2. Principal P	lace of Business	2a. Mailing Address 26	<del>-</del> ¬			4. FEI Number 59-2784879			Applied For Not Applicable		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5, Certificate of Status Desired \$8.75 Additional					
City & State		City & State				Fee Required					
23	<del>o</del>	28				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees					
Zip 24	Country 25	Zip 29	Gountry 30	y		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. X Yes No					
g, Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent  81 Name						
	drporation company of Mi O Chopin Plaza	AMI									
1	00 EDWARD BALL BLDG.		82		Street Addr	ress (P.O. Box Number is Not Acceptable)					
1	AMI FL 33131		83								
			84	+	City	FI	85	Zip (	Code		
agent. I a	m familiar with, and accept the obli- Signature, typed or printed name of registered at	gations of, Section 607.0505, f	lorida Statute	S.		oration submits this statement for the purpose of ion's board of directors. I hereby accept the applications are the controlled the controlled when reinstaling).					
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND					
TITLE	PTDS Amos, Betty G.	DELETE	1.1 TITLE 1.2 NAME				L Ch	ange	Addition		
STREET ADDRESS	3444 MAIN HWY 3RD FLOC	nR	1.3 STREE	T &I	IOORESS						
CITY-ST-ZIP	MIAMI FL	••	1.4 CITY-5		ł						
TITLE		DELETE	2.1 TITLE				Ch	ange	Addition		
NAME			2.2 NAME								
STREET ADDRESS			2.3 STREET								
CITY-ST-ZIP TITLE		DELETE	2. 4 CITY - 3.1 TITLE	ST	- ZIP		☐ Ch.	ange	Addition		
NAME			3 2 NAME					ogo			
STREET ADDRESS			3 3 STREET	[ A[	.DDRESS						
CITY+ST-ZIP			3.4. CITY -	SI-	- 7IP						
TITLE		☐ DELETE	4.1 TITLE				Chi	ange	Addition		
NAME			4. 2 NAME		1						
STREET ADORESS			4.3 STREET								
CITY-ST-ZIP TITLE	<del></del>	DELETE	4.4 CITY - 5 5.1 TITLE	ST-	ZIP		Ch	anne	Addition		
NAME			5.2 NAME		ľ						
STREET ADDRESS			5.3 STREET	[ AI	DDRESS						
CITY-ST-ZIP			5.4 CHY-3		1						
TITLE		DELETE	6.1 THLE				Ch	ange	Addition		
NAME			6.2 NAME						ļ		
STREET ADDRESS			6.3 STREET	I Al	DDRESS						
CITY-ST-ZIP			6.4 CITY - 9	ST-	ZIP						

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.

305-442-4284