

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 PM 11:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M55725 (9)

1. Corporation Name:

ABKEY MANAGEMENT CORPORATION

Principal Place of Business

P O BOX 330927
P.O. BOX 330777
COCONUT GROVE FL 33233-927
US

Mailing Address

3444-48 MAIN HWY. 3RD FL
P.O. BOX 330777
COCONUT GROVE FL 33233-927
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 07/17/1987	3a. Date of Last Report 04/14/1994
4. FEI Number 59-2784877	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 100.032, Florida Statutes ☒ Yes ☐ No	

2. Principal Place of Business 21 P.O. Box 330927 Suite, Apt. #, etc. 22 City & State Coconut Grove, FL Zip Country 33233-0927 US	2a. Mailing Address 26 P.O. Box 330927 Suite, Apt. #, etc. 27 City & State Coconut Grove, FL Zip Country 33233-0927 US
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9. Name and Address of Current Registered Agent

CORPORATION COMPANY OF MIAMI
100 CHOPIN PLAZA
1500 EDWARD BALL BLDG.
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 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 registering.)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	AMOS, BETTY G.	1.2 NAME	
STREET ADDRESS	13724 S.W. 92ND CT.	1.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	1.4 CITY - ST - ZIP	
TITLE	ST	2.1 TITLE	☐ Change ☐ Addition
NAME	AMOS, BETTY G.	2.2 NAME	
STREET ADDRESS	13724 S.W. 92ND CT.	2.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	2.4 CITY - ST - ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	BUONICONTI, TERESA M.	3.2 NAME	
STREET ADDRESS	4321 SANTA MARIA	3.3 STREET ADDRESS	
CITY - ST - ZIP	CORAL GABLES FL	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 this 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:

Betty Amos
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Betty Amos

4-27-95

Date

305-442-1624

Daytime Phone #