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PROFIT CORPORATION ANNUAL REPORT



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

1996

M55725 DOCUMENT #

1. Corporation Name

(9)

ABKEY MANAGEMENT CORPORATION Principal Place of Business Mailing Address											
P.O. BOX 330927 P.O.BOX 330777 COCONUT GROVE FL 33233-0927			P.O. BOX 330927 P.O.BOX 330777 COCONUT GROVE FL 33233-0927				Ciate Incorporated or Qualified				
US		U	I\$			3	07/17/1987		1/199		
	ace of Business		Mailing Address			4	59-2784877	_ 		applied For Not Applicable	
Suite, Apt.	Box 330927	26	Suite, Apt. #, etc.	· 359	2727					Additional	
22 Suite, Apr. 1	#, 610.	27	Cano, repair, oto.			5	i. Certificate of Status Desired	`		Required	
City & State	Comba Co		City & State		FL	6	6. Election Campaign Financing			May Be	
23 Coco	nut Giove, FL	28	Coconsta	Count			Trust Fund Contribution 3. This corporation has liability for	·		199 032	
Zp 333	Country U.S.	29	Zip 33233:0917		ッち	١,٠	Florida Statutes Ye	s 🖺 No	,,,,,,	100.001,	
24 300	g. Name and Address of Currer					10	D. Name and Address of New	Registered Ag	ent		
				8	1 Name					i	
	RATION COMPANY OF MIAMI			8	2 Street /	Address (P.O. Box Number is Not Accepta	ble)			
	OPIN PLAZA			_	83						
	WARD BALL BLDG.			ľ	3						
MIAMI FI	L 33131			8	4 City			FL	85 Zip	Code	
44 Domesti	to the provisions of Sections 607.0502	2 and 60	7 1508 Florida Statutes	the above	a-named co	rnoration	submits this statement for the p	irrose of chann	ing its r	egistered office	
	end appet or both in the State of Flori	da Suci	n chanda was authorized	by the co	rporation's	board of	directors. I hereby accept the ap	pointment as re	gistered	agent. I am	
familiar wi	ith, and accept the obligations of, Sect	tion 607.	.0505, Florida Statutes.								
SIGNATURE	Signature, typed or printed name of registered agent	t and title if	applicable. (NOTE	: Registered A	gent signature r	equired when	roir stating	DATE			
12.	OFFICERS AN			13.			ADDITIONS/CHANGES TO OF				
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NAME	AMOS, BETTY G.			1.2 NAM					_		
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	MAMIFL							, liitta			
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Loo nereby certify that the information supplied with this tiling is voluntarily furnished and does not quality for the exemption stated in Section 119.07(3)(k), Florida Statutes Fluther 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 eath; 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:

305-442-4281