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PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **M61530** (5)

1. Corporation Name

**ABLE PREMIUM, INC.**



Principal Place of Business

**2335 E. ATLANTIC BLVD**  
**400**  
**POMPAHO BEACH FL 33062**

Mailing Address

**2335 E. ATLANTIC BLVD**  
**PO BOX 272995**  
**BOCA RATON FL 33427**

3. Date Incorporated or Qualified

**10/27/1987**

3a. Date of Last Report

**05/31/1995**

2. Principal Place of Business

2a. Mailing Address

**21 941 CLINT MOORE RD** **26 941 CLINT MOORE RD**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**22** **27 PO BOX 272995**

City & State

City & State

**23 Boca Raton** **28 Boca Raton**

Zip

Country **USA**

Zip

Country **USA**

**24 33487** **25 Palm Beach** **29 33427** **30 Palm Beach**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**STEVENS, BRIAN-DAVID**  
**2335 E. ATLANTIC BLVD. #400**  
**POMPAHO BEACH FL 33062**

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE  
NAME **STEVENS, BRIAN DAVID**  
STREET ADDRESS **5531 N MILITARY TR 1610**  
CITY-ST-ZIP **BOCA RATON FL**

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE  
NAME **STEVENS, KEVIN**  
STREET ADDRESS **1400 NE 57 ST #205**  
CITY-ST-ZIP **FT LAUDERDALE FL**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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 119.07(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 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: Brian D. Stevens  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/96 954-942-5045  
Date Daytime Phone #

CR2E034 (12/95)