

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

APPROVED  
AND  
FILED

97 JUN -9 AM 10:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **M61530** (5)

1. Corporation Name  
**ABLE PREMIUM, INC.**



Principal Place of Business

**941 CLINT MOORE RD.  
400  
BOCA RATON FL 33487  
US**

Mailing Address

**941 CLINT MOORE RD.  
P.O. BOX 272895  
BOCA RATON FL 33427-2895  
US**

2. Principal Place of Business

**21** Suite, Apt. #, etc.

22. City & State

**23** Zip **25** Country

2a. Mailing Address

**26** Suite, Apt. #, etc.

28. City & State

**29** Zip **30** Country

3. Date Incorporated or Qualified

**10/27/1987**

3a. Date of Last Report

**05/01/1996**

4. FEI Number

**65-0040328**

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. 199.032, Florida Statutes

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**STEVENS, BRIAN DAVID  
2895 E. ATLANTIC BLVD. #400  
POMPANO BEACH FL 33062**

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

**941 CLINT MOORE RD.**

83.

84. City

**Boca Raton**

**FL**

85. Zip Code

**33487**

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

*Brian Stevens*  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE

NAME **STEVENS, BRIAN DAVID**  
STREET ADDRESS **5531 N MILITARY TR 1810**  
CITY-ST-ZIP **BOCA RATON FL**

TITLE **D** ☐ DELETE

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

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**000002205240-1**  
**-06/09/97-01018-002**  
**\*\*\*2540.00 \*\*\*165.00**

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I do 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.

SIGNATURE

*Brian Stevens*

*A. Alan*  
**6/9/97**

CR2E034 (9/96)