FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # M64663 (1)

1. Corporation Name

ABLE REALTY, INC.

Principal Place of Business	Mailing Address
501 GOLDEN ISLES DR. STE 206A HALLANDALE FL 33009	501 GOLDEN ISLES DR. STE 206A HALLANDALE FL 33009

3. Date Incorporated or Qualified: **01/13/1988**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business
21: 20 NE 1ST AVE
22: Suite, Apt. #, etc.
23: HALLANDALE FL
24: Zip 33009
25: Country BROWARD

2a. Mailing Address
26: 20 NE 1ST AVE
27: Suite, Apt. #, etc.
28: HALLANDALE FL
29: Zip 33009
30: Country BROWARD

4. FEI Number: **30-0891243** ☐ 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

ABELES, ROBERT A.
501 GOLDEN ISLES DR #206A
HALLANDALE FL 33009

10. Name and Address of New Registered Agent

81 Name: ABELES, ROBERT
82 Street Address (P.O. Box Number is Not Acceptable): 20 NE 1ST AVE
83:
84 City: HALLANDALE FL 33009 **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: ROBERT ABELES PRES — DATE: 4/30/96
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when filing)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PT	☐ DELETE	1.1 TITLE	PT D	☒ Change ☐ Addition
NAME	ABELES, ROBERT		1.2 NAME	ABELES ROBERT	
STREET ADDRESS	501 GOLDEN ISLES DR 206A		1.3 STREET ADDRESS	20 NE 1ST AVE	
CITY-ST-ZIP	HALLANDALE FL		1.4 CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	S	☐ DELETE	2.1 TITLE	S	☒ Change ☐ Addition
NAME	ABELES, LOISMAY		2.2 NAME	ABELES LOISMAY	
STREET ADDRESS	501 GOLDEN ISLES DR 206A		2.3 STREET ADDRESS	20 NE 1ST AVE	
CITY-ST-ZIP	HALLANDALE FL		2.4 CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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)(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: ROBERT ABELES PRES — DATE: 4/30/96 — Daytime Phone # 9544546331
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR