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

DOCUMENT # M94490

(3)

A B CONSULTANTS INT'L INC.

Principal Place of Business Mailing Address										1 144/4411 114 11	. 11.1 11.11.1 11.11.1 11.11.1 11.11.1	#!#!! #!#!! #!	# 16 #48 43 # 26	
2681 AIRPORT RD., S. SUITE C-106 NAPLES FL 33962				2681 AIRPORT RD., 8. SUITE C-106 NAPLES FL 34112-4876										
, 110 / 1 100			•							3. Date Incorpo	orated or Qualified	3a. Da	te of Las	t Report
										08/10/1980	8	04/2	6/1996	;
2. Principal Pl	lace of Busin	ness	20	. Mailing Ad	dress					4. FEI Number				Applied For
21			26	<u> </u>						65-00732	29			Not Applicable
Suite, Apt. #, etc.				Suite, Apt. #, etc.					5. Certificate of Status Desired Fee Required					
22				27										
City & State				City & State						6. Election Campaign Financing \$5.00 May Be				
23			28	Z _{ID} Country					Trust Fund Contribution Added to Fees					
Zip	Country						Country			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes				
24	9. Name and Address of Current Regist								10. Name and Address of New Registered Agent					
WEY						······	81	N	lame					····
WEICHSEL, LESLEY L. 2681 AIRPORT ROAD SOUTH														
SUITE 106C							82	S	reet Address (P.O. Box Number is Not Acceptable)					
NAPLES FL 33962						83	 							
140		/ Crit						L.					.,	
							84	C	Sity			FL	85 Z	ip Code
11. Pursuant	to the provis	sions of Sections 607	.0502 and	607.1508, Fk	orida Statu	ites, the	above	อ-กล	amed corpo	ration submits this	statement for the p	ourpose of	changin	g its registered
office or r agent I a	registered aç ım famil:ar w	gent, or both, in the sith, and accept the c	State of Fio obligations	rida. Such ch of, Section 60	ange was 07.0505, F	autnoriz Iorida St	ed by latutes	y tne S.	e corporatio	iri's board of direc	ctors. I nereby acce	pt the app	ointment	as registered
SIGNATURE.			**											
	Signature, types	d or printed name of register			(NO			ent sig	gnature required	d when reinstating)		DATE		
12.		OFFICERS	S AND DIRE		DCI EXE	13				ADDITIONS/C	CHANGES TO OFFI	CERS AND		
TITLE	P	DARFOT I		Ц	DELETE	1	TITLE						Chang	e 🔲 Addition
NAME		, ROBERT J.				H	NAME							
STREET ADDRESS	1	INCY STREET				E	STREET							
CITY - ST - ZIP	WILLOWE	SKOUK IL			DELETE		CITY - S	ST - ZII	IP				☐ Chang	ne Addition
TITLE		EL, RICHARD H.			OLLETE		NAME		ļ				Chang	Se T VOCITION
NAME		27 AINTREE LN.						* • • • •	DEDG					
STREET ADDRESS	NAPLES						STREET							
CHTY-ST-7/F TITLE	AT	7 l e		П	DELETE		CITY-S	21-1	ir			· · · · · · · · · · · · · · · · · · ·	Chang	e 🔲 Addition
NAME	1 * '-	EL, LESLEY					NAME							
STREET ADDRESS		27 AINTREE LN.					STREET	TADD	DRESS					
CITY-\$1-ZIP	NAPLES						CITY-							
111LE	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	· -			DELETE		TITLE	3, 2					☐ Chang	e Addition
NAME							2 NAME							
STREET ADDRESS	1						STREET		DRESS					
CITY - \$1 - ZIP							CITY-S							
TITLE					DELETE		TITLE						Chan	ge Addition
NAME						5.2	NAME		1					
STREET ADDRESS						53	STREET	T ADD	ORESS					
CITY - S1 - ZIP						5.4	CITY-5	ST-21	IP					
TITLE					DELETE	6.1	TITLE						Chan	ge Addition
NAME	1					6.2	NAME							
STREET ADDRESS						6.3	STREET	T ADD	DRESS					
ı	1								í					

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/97

Date

941-774-6633

FILED

Feb 17 1997 8:00am

Secretary of State

Daytime Phone #