

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **N08018** (6)

1. Corporation Name

**ABBA ENTERTAINMENT CORP.**



Principal Place of Business

Mailing Address

%IMMACULATE ANN DILELLO  
133 E LAUREN CT  
FERN PARK FL 32730

%IMMACULATE ANN DILELLO  
133 E LAUREN CT  
FERN PARK FL 32730

3. Date Incorporated or Qualified  
**03/07/1985**

3a. Date of Last Report  
**05/01/1995**

2. Principal Place of Business  
21 **133 E. Lauren CT**

2a. Mailing Address  
26 **Same**

4. FEI Number  
**59-2500307**

Applied For  
Not Applicable

Suite, Apt. #, etc.  
22 **Fern Park FL**

Suite, Apt. #, etc.  
27

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

City & State  
23 **Fern Park FL**

City & State  
28

6. Election Campaign Financing  
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

Zip  
24 **32730**

Country  
25 **Seminole**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

## 9. Name and Address of Current Registered Agent

**DILELLO, ANN MARGARET  
133 E LAUREN CT  
FERN PARK FL 32730**

## 10. Name and Address of New Registered Agent

81 Name **Same**  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *Margaret Ann Dilello* *Margaret Ann Dilello, President* **4/28/96**  
Signature, hand or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating.) DATE

## 12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	DILELLO, ANN	
STREET ADDRESS	133 E LAUREN CT	
CITY-ST-ZIP	FERN PARK FL	
TITLE	DVP	<input checked="" type="checkbox"/> DELETE
NAME	ARMSTRONG, DEBORAH	
STREET ADDRESS	9368 COMEAU	
CITY-ST-ZIP	GOTHO FL 34734	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	KELLY, PAULA	
STREET ADDRESS	6322 JENIFER JEAN DR	
CITY-ST-ZIP	ORLANDO FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	CLONTON, GWEN	
STREET ADDRESS	956 MARCH HAVEANE	
CITY-ST-ZIP	WINTER SPRINGS FL 32708	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>Kristy Kivenia</b>
3.3 STREET ADDRESS	<b>9001 New Orleans Ct.</b>
3.4 CITY-ST-ZIP	<b>Orlando FL 32818</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>800001859148</b>
5.3 STREET ADDRESS	<b>-06/12/96--01018--028</b>
5.4 CITY-ST-ZIP	<b>***61.25</b>
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Margaret Ann Dilello* **4/28/96 (407) 834-0406**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)