FILED Aug 02, 1999 8:00 am Secretary of State

08-02-1999 90005 020 ****69.75

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. OUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25). NONPROFIT **CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

DIVISION OF CORPORATIONS

1999

CLIMENT # NOOA

1. C crporation	A B & G CLUB, INC.	J					
				· · ·			
	cipal Place of Business Mailing Address				·		
1322 NE 965T		822 NE.96-ST MIAMI FL 33138 US	~	<u>-</u>			
2. Principal Pi	ce of Business 2a. Mailing Address			3. Date Incorporated or Qualifed			
21		26			09/22/1988		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			4. FEI Number	h	olied For
22:	Serie I garage				65-0138487		Applicable
City & State	City & State City & State			5. Certificate of Status Desired \$8.75 Addition Fee Required			
Zip	Country Zip Cour 29 30			у	6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees		
44	9. Name and Address of Curren		- I		10. Name and Address of New Registere		
V. Hallis and reduces of surrous regions as Agent				Name			
HURST, THOMAS L.			82	Street Addr	ress (P.O. Box Number is Not Acceptable)		
822 NE 96ST			100	Street Address (F.O. Dox National is Not Acceptable)			
MIAMI FL 33138			83	3			İ
			84	City	85 Zip Code		ode
				- "			
l office or n	to the provisions of Sections 617.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was aut	thorized by	/ the corporation	oration submits this statement for the purpose on's board of directors. I hereby accept the ap	pointment as reg	pistered
Signature, typed or printed name of registered agent and title if applicable. (NOTE: R				ent signature require	d when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	DC IN 12
12.		ID DIRECTORS	13. 1.1 TITLE		ADDITIONS/CHANGES TO OFFICERS	Change	Addition
TITLE	D Ethridge, robert f.		1.2 NAME			<u></u>	-
NAME STREET ADDRESS	21001 NW 27 AVENUE		1	ET ADDRESS			
CITY-ST-ZIP	MIAMI FL		1.4 CITY-5	1			
TITLE			2.1 TTLE			☐ Change	Addition
NAME	HURST, WILLARD		2.2 NAME]			
STREET ADDRESS	820 NE 96TH ST		2.3 STREE	T ADDRESS			1
CITY-ST-ZIP	MIAMI FL		2. 4 CITY-ST-ZIP		<u> </u>		
TITLE	D	☐ DELETE	3.1 TITLE			Change	☐ Addition
NAME	HURST, THOMAS L.		3.2 NAME				}
STREET ADDRESS			3.3 STREE	ET ADDRESS			
CITY-ST-ZIP	MIAMI SHORES FL		3.4. CITY-	ST-ZIP		Change	Addition
TITLE		DELETE	4.1 TITLE				Addition
NAME			4:2 NAME	Y			}
STREET ADDRESS			4.4 CITY-5	TADDRESS			
CITY-ST-ZIP TITLE	<u> </u>	☐ DELETE	5.1 TITLE	J. 24		Change	Addition
NAME		_	5.2 NAME				[
STREET ADDRESS			5.3 STREE	T ADDRESS			
CITY-ST-ZIP			5.4 CITY-1	ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE			Change	Addition
NAME			6.2 NAME				1
STREET ADDRESS			6.3 STREE	T ADDRESS			

14. I 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an exactment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP