

FILE NOW: FILING FEE IS \$61.25

FILED

Jul 22 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N97000003211 (6)**

1. Corporation Name

**THE ABIG FOUNDATION, INC.**



Principal Place of Business <b>11222 QUAIL ROOST DR MIAMI FL 33157</b>	Mailing Address <b>11222 QUAIL ROOST DR MIAMI FL 33157</b>
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3. Date Incorporated or Qualified

**06/04/1997**

4. FEI Number

**65-0771136**

Applied For

Not Applicable

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

25 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00 May Be  
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐

Yes

☐

No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐

Yes

☒

No

9. Name and Address of Current Registered Agent

**HEGGEN, ARTHUR W  
11222 QUAIL ROOST DR  
MIAMI FL 33157**

10. Name and Address of New Registered Agent

81 Name

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

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	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>LANDON, R. KIRK</b>	
STREET ADDRESS	<b>11222 QUAIL ROOST DR</b>	
CITY-ST-ZIP	<b>MIAMI FL 33157</b>	

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>GASTON, GERALD N</b>	
STREET ADDRESS	<b>11222 QUAIL ROOST DR</b>	
CITY-ST-ZIP	<b>MIAMI FL 33157</b>	

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>HEGGEN, ARTHUR W</b>	
STREET ADDRESS	<b>11222 QUAIL ROOST DR</b>	
CITY-ST-ZIP	<b>MIAMI FL 33157</b>	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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	<b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Landon, R. Kirk</b>	
1.3 STREET ADDRESS	<b>11222 Quail Roost Drive</b>	
1.4 CITY-ST-ZIP	<b>Miami Florida 33157</b>	

2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		

3.1 TITLE	<b>D, S</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>Heggen, Arthur W.</b>	
3.3 STREET ADDRESS	<b>11222 Quail Roost Drive</b>	
3.4 CITY-ST-ZIP	<b>Miami, Florida 33157</b>	

4.1 TITLE	<b>T</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>Castelo, Engrivel L.</b>	
4.3 STREET ADDRESS	<b>11222 Quail Roost Drive</b>	
4.4 CITY-ST-ZIP	<b>Miami, Florida 33157</b>	

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

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 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 attachment with an address.

SIGNATURE:

**4/26/98 Arthur W. Heggen, Secretary (305) 253-2244**

CR2E037 (10/97)