


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

FILED
Sep 16, 1999 8:00 am
Secretary of State

09-16-1999 90007 012 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N98000007006 ✓

1. Corporation Name

ABBCO DEVELOPMENT LIMITED, INC.

Principal Place of Business

3428 EDGEWATER AVE
 PORT ST. LUCIE FL 34983

Mailing Address

3428 EDGEWATER AVE
 PORT ST. LUCIE FL 34983



21	2. Principal Place of Business SAME	2a. Mailing Address SAME	26	26	26	3. Date Incorporated or Qualified 12/09/1998
22	Suite, Apt. #, etc.	Suite, Apt. #, etc.	27	27	27	4. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
23	City & State	City & State	28	28	28	5. Certificate of Status Desired <input type="checkbox"/> \$8:75 Additional Fee Required
24	Zip	Country	29	29	30	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

MARSHALL, WAYNE
 3428 EDGEWATER AVE
 PORT ST. LUCIE FL 34983

10. Name and Address of New Registered Agent

81	Name SAME
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT (D) <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOROTHY MARSHALL	1.2 NAME	
STREET ADDRESS	3428 EDGEWATER AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ST. LUCIE FL 34983	1.4 CITY-ST-ZIP	
TITLE	SEC. TREASURER (D) <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WAYNE MARSHALL	2.2 NAME	
STREET ADDRESS	3428 EDGEWATER AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ST. LUCIE FL 34983	2.4 CITY-ST-ZIP	
TITLE	VICE PRESIDENT <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRANK MARSHALL (D)	3.2 NAME	
STREET ADDRESS	3428 EDGEWATER AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ST. LUCIE FL 34983	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: **Dorothy Marshall** **RECEIVED** **9-8-98** **828-456-4644**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/99)