FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P92000008164

AMERICAN BUSINESS ENTERPRISES, INC.

Principal Place of Business Mailing Address					4 individus sen souse sens don't don't don't don't feldt inite still dies disti (CDI			
% Adrian agosto 8010 Patterson Street		% ADRIAN AGOSTO 8010 PATTERSON STREET						
TAMPA FL 33614		TAMPA FL 33614			DO NOT WRITE IN THIS SPACE			
					3. Date incorporated or Qualifed	1		
					12/01/1992			
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	A	pplied For		
21		26		59- 3160436	N	ot Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc:	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75	Additional	
22		27		3. Certificate of Status Desired		equired		
City & State		City & State		6. Election Campaign Financing ======\$5.00 May Be				
23		28				Trust Fund Contribution Added to Fees		
Zip Country			Zip *** Country		8. This corporation owes the current year Intangible			
24 25					Personal Property Tax.			
	9. Name and Address of Current	Registered Agent			10. Name and Address of New	Registered Agent		
AGO	OSTO ADRIAN	and the state of t	*	1 Name				
AGOSTO, ADRIAN 8010 PATTERSON STREET		s. Hai	8	2 Street Add	et Address (P.O. Box Number is Not Acceptable)			
	MPA FL 33614		L			<u> </u>		
1730	# A / E 300 14 .	4	8	3				
_		•	8	4 City		2 85 Zip (Code	
AL ASSOCIATION AND	acres vi		1			FI 1		
11. Pursuan	t to the provisions of Sections 607.0502 registered agent, or both, in the State of	and 607.1508, Florida Statute	s, the abo	ve-named corp	poration submits this statement for the	purpose of changing its	registered	
	regionared agent, or pont, in the drafe of	i Fiorida. Guch change was at	Jinonzea a	v tne comoratio	on's board of directors. I hereby acce	pt the appointment as re	gistered (
agent31	am familiar with, and accept the obligation	ons of, Section 607.0505, Flor	rida Statute	s.	O O	/		
w agent.	am ramiliar with, and accept the obligation	ons of, Section\607.0505, Flor	rida Statute	es.	Dan	14/99		
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE:	ida Statute	98.	ad when reinstating).	14/99		
SIGNATURE	Signature, typed or printed name of registered agent a OFFICERS AND	and title if applicable. (NOTE: DIRECTORS	Registered Ag	ent signature require	Jan	14/99.		
SIGNATURE 12.	Signature, typed or printed name of registered agent a OFFICERS AND	and title if applicable. (NOTE:	Registered Ag	ent signature require	od when reinstating)	14/99.	DRS IN 12	
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered agent in OFFICERS AND DAGOSTO, ADRIAN	and title if applicable. (NOTE: DIRECTORS	Registered Ag	ent signature require	ad when reinstating)	DATE FICERS AND DIRECTO	DRS IN 12	
SIGNATURE 12.	Signature, typed or printed name of registered agent a OFFICERS AND D AGOSTO, ADRIAN 8010 PATTERSON STREET	and title if applicable. (NOTE: DIRECTORS	Registered Ag 13. 1.1 TITLE	ent signature require	ad when reinstating)	DATE FICERS AND DIRECTO	DRS IN 12	
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered agent in OFFICERS AND DAGOSTO, ADRIAN	and title if applicable. (NOTE: DIRECTORS	Registered Ag 13. 1.1 TITLE	ent signature require	ad when reinstating)	DATE FICERS AND DIRECTO	DRS IN 12	
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agent a OFFICERS AND AGOSTO, ADRIAN 8010 PATTERSON STREET TAMPA FL 33614	and title if applicable. (NOTE: DIRECTORS	Registered Ag 13. 1.1 TITLE 1.2 NAME 1.3 STRE	ent signature require	ad when reinstating)	DATE FICERS AND DIRECTO	DRS IN 12	
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agent a OFFICERS AND D AGOSTO, ADRIAN 8010 PATTERSON STREET TAMPA FL 33614 D GAMBLE, WAYNE	and title if applicable. (NOTE: DIRECTORS DELETE	Registered Ag 13. 1.1 TITLE 1.2 NAME 1.3 STRE 1.4 CITY-	ent signature require	ad when reinstating)	Dyte FICERS AND DIRECTO	DRS IN 12	
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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 607, 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.

6.3 STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

FILED

Feb 01, 1999 8:00am

Secretary of State

02-01-1999 90026 009 ***150.00