

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P93000008562 (9)**

1. Corporation Name

ABAER SERVICES, INC.



Principal Place of Business

Mailing Address

**4749 121ST TERRACE NORTH
ROYAL PALM BEACH FL 33411**

**4749 121ST TERRACE NORTH
ROYAL PALM BEACH FL 33411**

2. Principal Place of Business

2a. Mailing Address

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

22. City & State

27. City & State

23. Zip County

28. Zip County

24. Zip County

29. Zip County

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

01/29/1993

3a. Date of Last Report

06/20/1995

4. FEI Number

65-0390105

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

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

10. Name and Address of New Registered Agent

**PORRO, HILDA M
13857 WELLINGTON TRACE
SUITE D-1
WEST PALM BEACH FL 33414**

81. Name

WALTER P. SCHIEF

82. Street Address (P.O. Box Number is Not Acceptable)

4749 121ST TERRACE No.

83. City

ROYAL PALM BEACH

84. State

FL

85. Zip Code

33411

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Walter Schief

1-31-96

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **D SCHIEF, WALTER P**
STREET ADDRESS **4749 121ST TERRACE NORTH**
CITY, ST, ZIP **ROYAL PALM BEACH FL 33411**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY, ST, ZIP

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TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11.1 TITLE ☐ Change ☐ Addition
12. NAME
13. STREET ADDRESS
14. CITY, ST, ZIP

21. TITLE ☐ Change ☐ Addition
22. NAME
23. STREET ADDRESS
24. CITY, ST, ZIP

31. TITLE ☐ Change ☐ Addition
32. NAME
33. STREET ADDRESS
34. CITY, ST, ZIP

41. TITLE ☐ Change ☐ Addition
42. NAME
43. STREET ADDRESS
44. CITY, ST, ZIP

51. TITLE ☐ Change ☐ Addition
52. NAME
53. STREET ADDRESS
54. CITY, ST, ZIP

61. TITLE ☐ Change ☐ Addition
62. NAME
63. STREET ADDRESS
64. 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an appointment with an address.

SIGNATURE:

Walter Schief

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-31-96

407 793 3726

Date

Daytime Phone #

CR2E034 (12/95)