SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **P93000061595 (3)**

1. Corporation Name
ABLESTAR DEVELOPMENT, INC.

Principal Place of Business
1219 BELAIRE DR.
DAYTONA BEACH FL 32118

Mailing Address
P.O. BOX 2204
ORMOND BEACH FL 32175-2204

3. Date Incorporated or Qualified: **08/30/1993**
3a. Date of Last Report: **07/06/1995**

2. Principal Place of Business
21 3045 Turnbull Dr
22 Suite, Apt. #, etc
23 City & State: New Smyrna Beach
24 Zip: 32168
25 Country: USA

2a. Mailing Address
26 3045 Turnbull Dr
27 Suite, Apt. #, etc
28 City & State: New Smyrna Beach
29 Zip: 32168
30 Country: USA

4. FEI Number: **59-3200557** ☐ 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

9. Name and Address of Current Registered Agent
WATKINS, MARK D
1219 BELAIRE DR.
DAYTONA BEACH FL 32118

10. Name and Address of New Registered Agent
81 Name: KRONAUER, DONALD F.
82 Street Address (P.O. Box Number is Not Acceptable): 3045 TURNBULL DR.
83
84 City: New Smyrna Beach FL
85 Zip Code: 32168

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: DONALD F KRONAUER — Donald F. Kronauer — 8/6/96
Signature (and/or printed name of registered agent and title, if applicable) (Note: Signature required when resigning) Date

12. OFFICERS AND DIRECTORS

TITLE	D	☑ DELETE
NAME	WATKINS, MARK D	
STREET ADDRESS	%1219 BELAIRE DR.	
CITY-ST-ZIP	DAYTONA BEACH FL 32118	
TITLE	D	☐ DELETE
NAME	KRONAUER, DONALD F	
STREET ADDRESS	%1219 BELAIRE DR.	
CITY-ST-ZIP	DAYTONA BEACH FL 32118	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: DONALD F KRONAUER — Donald F. Kronauer — 8-6-96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (3/96)