

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P93000075851 (4)**

1. Corporation Name
ABC MANAGEMENT SERVICES, INC.



Principal Place of Business		Mailing Address		3. Date incorporated or Qualified	3a. Date of Last Report
169 E. FLAGLEE ST SUITE 701 MIAMI FL 33132 US		C/O LERMAN & LERMAN P.A. 48 FLAGLER ST. SUITE 101 MIAMI FL 33131 US		11/02/1993	04/26/1995
2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For		
21	26	65-0449144	Not Applicable		
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required		
22	27	<input type="checkbox"/>	Election Campaign Financing Trust Fund Contribution		
City & State	City & State	<input type="checkbox"/>	\$5.00 May Be Added to Fees		
23	28	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes			
Zip	Country	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
24	25	29			
Country	Country	30			

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
HARRIS, ELLIOTT 111 SW 3RD ST 6TH FLOOR MCCORMICK BLDG MIAMI FL 33130		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 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 _____ DATE _____
Signature typed or printed name of responsible party (a title is acceptable) (the title Registered Agent signature is required when filing first)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	P KOBROWSKI, ELIAS 169 E. FLAGLER ST SUITE 1600 MIAMI FL	12 NAME	
	S LINDENFELD ELSA 169 E. FLAGLER ST SUITE 1600 MIAMI FL	13 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	D HARRIS, ELLIOTT 111 SE 3RD ST 6TH FLOOR MCCORMICK BLDG MIAMI FL 33130	14 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		2. TITLE	
		22 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		23 STREET ADDRESS	
		24 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		3. TITLE	
		32 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		33 STREET ADDRESS	
		34 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		4. TITLE	
		42 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		43 STREET ADDRESS	
		44 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		5. TITLE	
		52 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		53 STREET ADDRESS	
		54 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		6. TITLE	
		62 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		63 STREET ADDRESS	
		64 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 attachment with an address.

SIGNATURE: *Elsa Lindenfeld* Secretary 4-18-96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ELSA LINDENFELD

CR2E034 (12/95)