FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

APPROVED
AND
FILED

95 MAY -1 PM 5:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000082663 (4)

1. Corporate Name

ABEL AUTO SECURITY, INC.

Principal Place of Business	Mailing Address
5627 SW 21ST ST HOLLYWOOD FL 33023	%6800 CODY ST HOLLYWOOD FL 33024

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/03/1993	3a. Date of Last Report: 11/29/1994
4. FEI Number: 65-0488968	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, Florida Statutes ☒ Yes ☐ No	

2 Principal Office Address / 21 / 22 Suite, Apt. # etc. / 23 City & State / 24 Zip / 25 Country
2a Mailing Address / 26 / 27 Suite, Apt. # etc. / 28 City & State / 29 Zip / 30 Country

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MANCINI, FRANK 2128 HOLLYWOOD BLVD. HOLLYWOOD FL 33020	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 617.0502, 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE	D	TITLE	☐ Change ☐ Addition
NAME	ABEL, MARC	NAME	
STREET ADDRESS	3056 S. STATE RD. 7	STREET ADDRESS	
CITY-ST-ZIP	MIRAMAR FL 33023	CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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(1)(a), 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: /s/ Marc A. Abel / MARC A. ABEL PRES. 4/26/95 305-981-1979

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0423348 FP