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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000084694 (7)

GEORGE H. ABERTH, P.A.

FILED Apr 09 1998 8:00am Secretary of State

						4 (888 44 08) (100 (101 4) (1814 30)	\$ 		{
Principal Place of Business Mailing Address									
4400 HIGHWAY 20 EAST STE. 101. MERCHANTS WALK NICEVILLE FL 32578		4400 HIGHWAY 20 EAST STE. 101. MERCHANTS WALK NICEVILLE FL 32578 US			DO NOT WRITE IN THIS SPACE				
US						3. Date Incorporated or Qualified			
						12/06/1993			
2. Principal Pla	ace of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number		Ar	oplied For
21		26	<u> </u>			59-3202796 Not Applicable			ot Applicable
Suite, Apt. #	f, etc	Suite, Apt. #, etc.				5. Certificate of Status Des	sired 🔲		Additional
22		27				G. Contineate of States Dec		Fee Re	equired
City & State		City & State				6. Election Campaign Financing \$5.00 May Be			
23	28					Trust Fund Contribution			to Fees
Zip	Country	Zip	Cou	intry		8. This corporation owes o			
24	9. Name and Address of Current	29	30	1		Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent			
		r Magistered Agent		81	Name	10, Name and Address of	How Hogistered	vAeiir.	
ABERTH, GEORGE H				"	Name				
	WEEDEN ISLAND DR		82 Street			ss (P.O. Box Number is Not A	Acceptable)		
NIC	EVILLE FL 32578		83						
				63					
			l	84	City		FL	85 Zip	Code
		10071600 51 11 01			····			•	
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	Signature, typed or printed name of tegistered nger		MOTE Dealstane	~ A a a a	t signature required	(whos saintlating)	DATE		
12.	OF LICERS AND		13.	U Agen	(algradue requirec	ADDITIONS/CHANGES 1		DIRECTOR	RS IN 12
TITLE	D	DELETE	1.1 [1]	TLE	 1 · · ·	100111010701001001	<u> </u>	☐ Change	Addition
NAME	ABERTH, GEORGE H		1.2 NAME						1
STREET ADDRESS	825 WEEDEN ISLAND DR		1.3 STREET ADDR		ADDRESS				
CITY-ST-ZIP	NICEVILLE FL 32578		1.4 CI	1.4 CITY-ST-ZIP					l
TITLE			2.1 TP					Change	Addition
NAME	ABERTH, SALLY A		2.2 NAM		į				!
STREET ADDRESS	825 WEEDEN ISLAND DR		2.3 ST	2.3 STREET ADDRESS					
CITY-ST-ZIP	NICEVILLE FL 32578		2.4 C	2. 4 CITY-ST-ZIP					
TITLE		DELETE						Change	Addition
NAME			3.2 NAN						
STREET ADDRESS			3.3 STREET ADDRESS		ADORESS		•		
CITY - ST - ZIP			3.4. CITY - ST - ZIP		r-ZIP				
TITLE	DELETE			4.1 TITLE				Change	Addition
NAME			4. 2 NAM						
STREET ADDRESS			4.3 S1	TREET #	ADDRESS				
CITY-ST-ZIP			4.4 CI	ITY-ST	- ZIP				
TITLE			5.1 Yr	TLE			•	Change	☐ Addition
NAME		5		5.2 NAME					
STREET ADDRESS	SS 5:		5.3 ST	5.3 STREET ADDRESS					
CITY - ST - ZIP			5.4 Ci	ITY-ŞT	- ZIP				
TITLE		DELETE	61 TI	TLE				☐ Change	Addition
NAME			6.2 N/	AME					
STREET ADDRESS			6.3 ST	TREET A	ADDRESS				
CITY-ST-ZIP				ITY-\$T	1				j
	pertify that the information supplied wi	th this bling done not quali				Section 119 07/3Vi), Florida S	tatutes. I further o	ertify that the	e information

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 enrural 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.

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Sear H Ph

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