

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Sep 24 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P94000007094 (3) 1. Corporation Name A AND B SERVICES OF CENTRAL FLORIDA, INC.			
Principal Place of Business 3410 EMERALD POINTE DR 107B HOLLYWOOD FL 33021 US		Mailing Address 3410 EMERALD POINTE DR 107B HOLLYWOOD FL 33021 US	
2. Principal Place of Business 21 19256 NW 23RD PL Suite, Apt. #, etc. 22 1 City & State 23 Pembroke Pines FL Zip 24 33029 Country 25 USA		2a. Mailing Address 26 Same As Left Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30	
9. Name and Address of Current Registered Agent STINNETT, BEN 39043 CITADEL CIRCLE ZEPHYRHILLS FL 33540		10. Name and Address of New Registered Agent 81 Name Ben STINNETT 82 Street Address (P.O. Box Number is Not Acceptable) 83 19256 NW 23RD PLACE 84 City Pembroke Pines FL 85 Zip Code 33029	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
12. OFFICERS AND DIRECTORS			
TITLE	V	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	STINNETT, BEN	1.1 TITLE	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS	39043 CITADEL CIRCLE	1.2 NAME	Stinnett Ben
CITY-ST-ZIP	ZEPHYRHILLS FL	1.3 STREET ADDRESS	19256 NW 23RD PLACE
TITLE	P	1.4 CITY-ST-ZIP	Pembroke Pines, FL 33029
NAME	STINNETT, ANITA	2.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS	3410 EMERALD POINTE DR 107B	2.2 NAME	Stinnett Anita
CITY-ST-ZIP	HOLLYWOOD FL	2.3 STREET ADDRESS	Same As Above
TITLE	V	2.4 CITY-ST-ZIP	
NAME	STINNETT, BEN	3.1 TITLE	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS	3410 EMERALD POINTE DR 107B	3.2 NAME	
CITY-ST-ZIP	HOLLYWOOD FL	3.3 STREET ADDRESS	Same As Above
TITLE		3.4 CITY-ST-ZIP	
NAME		4.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS		4.2 NAME	
CITY-ST-ZIP		4.3 STREET ADDRESS	
TITLE		4.4 CITY-ST-ZIP	
NAME		5.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS		5.2 NAME	
CITY-ST-ZIP		5.3 STREET ADDRESS	
TITLE		5.4 CITY-ST-ZIP	
NAME		6.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS		6.2 NAME	
CITY-ST-ZIP		6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	

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 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.

CR2E034 (5/98)