

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

APPROVED
AND
FILED

1997 JUL 21 PM 3:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P94000028443 (7)**

1. Corporation Name
ABLE PROPERTY INVESTMENTS, INC.

Principal Place of Business 4725 N NEBRASKA AVE TAMPA FL 33603 US	Mailing Address PO BOX 3367 APOLLO BEACH FL 33572 US
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2. Principal Place of Business 21 6348 Cottonwood Lane 22 Suite, Apt. #, etc. 23 Apollo Beach, Fl. 24 33572 25 US	2a. Mailing Address 26 27 Suite, Apt. #, etc. 28 29 30	3. Date Incorporated or Qualified 04/12/1994	3a. Date of Last Report 04/19/1996
		4. FEI Number 59-3270903	Applied For Not Applicable
		5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent JOHNSON ESQ, PAUL B 100 S ASHLEY DR SUITE 1450 TAMPA FL 33602	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD <input type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MESSMAN, MICHAEL	1.2 NAME	Messman, Michael
STREET ADDRESS	4725 N NEBRASKA AVE	1.3 STREET ADDRESS	6348 Cottonwood Lane
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	Apollo Beach, Fl. 33572
TITLE	VSD <input type="checkbox"/> DELETE	2.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MESSMAN, LYNDIA R.	2.2 NAME	Messman, Lynda
STREET ADDRESS	6348 COTTONWOOD LANE	2.3 STREET ADDRESS	6348 Cottonwood Lane
CITY-ST-ZIP	APOLLO BEACH FL	2.4 CITY-ST-ZIP	Apollo Beach, Fl. 33572
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	Melissa Messman
STREET ADDRESS		3.3 STREET ADDRESS	115 112TH AVE N.E. # 713
CITY-ST-ZIP		3.4 CITY-ST-ZIP	S. Petersburg, Fl. 33716
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Stuart Messman
STREET ADDRESS		4.3 STREET ADDRESS	714 S.E. 19 Ave # 8
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Deer Field Beach, Fl. 33441
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 (4/97)

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ABLE PROPERTY INVESTMENTS, INC.

P.O. BOX 3367
APOLLO BEACH, FLORIDA
33572
813-641-2331 OR 813-340-6634

July 17, 1997

Florida Department of State
Divisions of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Dear Sir or Madam,

We received the 1997 Profit Corporation Annual Report packet yesterday in the mail. I can assure you this was the first notice we've received. Is there anything we can do not to pay the late charge? I would not have overlooked this if I had received the first notice. We will have an extremely hard time coming up with the additional \$385.00 for the late fee. I understand how important this report is and know in future years I will look for the packet and if it is not sent to us I will make sure the fee is sent in on time. Anything you can do to waive this penalty will be greatly appreciated. I am enclosing \$165.00 at this time.

Sincerely,



Lynda R. Messman
Treasurer
lrm