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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Mar 28 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000044016 (1)

SIGNATURE:

| A.B.C. | ART CORP. | | | | | | | | |
|---|---|---|---------------------------|---------------|----------------------|--|--------------|----------------------------|-----------------------------|
| Principal Pia | ce of Business | Mailing Address | | | | - | DONN CHENT D | | # 0 A 00 |
| 3204 SAN CARLOS ST. 3204 SAN CARLOS ST. CLEARWATER FL 34619 CLEARWATER FL 34618 | | | 1333 | | | | | | |
| | | | | | | 3. Date incorporated or Qualified 06/13/1994 | | te of Last R | leport |
| 2. Principal I | Place of Business | 2a. Mailing Address 26 | | | | 4. FEI Number 59-3267590 | | | pplied For ot Applicable |
| Suite, Apt | #, etc. | Suite, Apt. #, etc. | | · | | 5. Certificate of Status Desired | | \$8.75 | Additional equired |
| City & Sta | ile | City & State | | | | 6. Election Campaign Financing | | \$5.00 | May Be |
| 23 Zip | Country | Zip | Cour | niry | , | Trust Fund Contribution 8. This corporation has liability for its | ctangible | tax under s | to Fees s. 199.032, |
| 24 | 25 | 29 | 30 | | | | Yes [| | |
| _, | g. Name and Address of Curren | i Hegistered Agent | | 81 | Name | 10. Name and Address of New Re |) Derezaiç | 1gent | |
| | VARUSKI, ANNETTE P | | ľ | • | | | | | |
| 3204 SAN CARLOS STREET CLEARWATER FL 34619 | | | | 82 | Street Addre | ess (P.O. Box Number is Not Acceptable) | | | |
| | | | | 83 | | | | | |
| | | | | 84 | City | | FL | 85 Zip | Code |
| 11. Pyrsuan | I to the provisions of Sections 607,050 | and 607 1508, Florida Statute | es, the ab | ×ονε | e-named corpo | oration submits this statement for the p | | changing i | ts registered |
| office or agent. I | I to the provisions of Sections 607 050; registered agent, or both, in the State am familiar with, and accept the obliga | of Florida. Such change was a itions of, Section 607.0505, Flo | authorized orida Statu | i by Jites | the corporations. | on's board of directors. I hereby accep | t the appo | ointment as | registered |
| SIGNATURE | Signature, typed or printed name of registered age | it and tille if applicable. (NOT) | E Regislered | Age | ni signature require | d when reinstating) | DATE | | |
| 12. | OFFICERS AND | | 13. | | | ADDITIONS/CHANGES TO OFFIC | ERS AND | DIRECTOR | RS IN 12 |
| TITLE | P | ☐ DELETE | 1.1 TiT | LE | | | | Change | Addition |
| NAME | JAVARUSKI, ANNETTE PERILL | | 1.2 NAI | ME | | | | | |
| STREET ADDRESS | 1 | | | | ADDRESS | | | | |
| City-St-7iP Title | CLEARWATER FL VP | DELETE | 1.4 CIT | | T-ZIP | | | Change | Addition |
| NAME | PERILLO, STEPHEN | □ DECENT | 2.1 TITLE 2.2 NAME | | | | | Contribe | CT VOUIDI |
| STREET ADDRESS | 44- 61145-F16-611 11-F | | | | ADDRESS | | | | |
| CITY - \$1 - ZIP | STATEN ISLAND NY | | 2.401 | | | | | | |
| 101 F | S | ☐ DELETE | 3.1 ItT | | | | | Change | Addition |
| NAME | JAVARUSKI, STEVE | | 3.2 NA | ME | | | | | |
| STHEET ADDRESS | , | | 3.3 \$17 | REET | ADDRESS | | | | |
| CITY-SY-ZIP | CLEARWATER FL | 05.575 | 3.4. Ci | | ST-ZIP | ika manaka dan dalah dan dan mengendak dalah dalah dan | | 77. | F 1 4 1 199 |
| TITLE | | ☐ DELETE | 4.1 107 | | | | | Change | Addition |
| NAVE | | | 4. 2 NA | | ADDDCCC | | | | |
| STREET ADDRESS | | | | | ADDRESS | | | | |
| CITY+ST-ZIP TITLE | | DELETE | 4.4 CIT 5.1 Tit | | 1:-ZIP | | | Change | Addition |
| NAME | | | 5.2 NA | | | | | | |
| STREET ADDRESS | | | | | ADDRESS | | | | |
| CHTY+ST+ZIP | | | 5.4 CIT | Y-S | i - ZIP | | | | |
| Title | | ☐ DELETE | 6.1 111 | LE | | | | Change | Addition |
| NAME | | | 6 2 NA | ME | | | | | |
| STHEFT ADDRESS | | | 6.3 \$11 | REET | ADDRESS | | | | |
| CHY-ST-ZIP | | 1. (a), a), b) (c) | 6.4 CIT | | | 1- 0 | 12 | | |
| ioformati | oby certify that the information supplied ion indicated on this annual report or s officer or director of the corporation or in Block 12 or Block 13 if changed, y | upplemental annuat report is t | rue and a | CCL | rate and that r | my signature shall have the same lega | l effect as | if made un nd that my i | nder oath: tha: |