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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

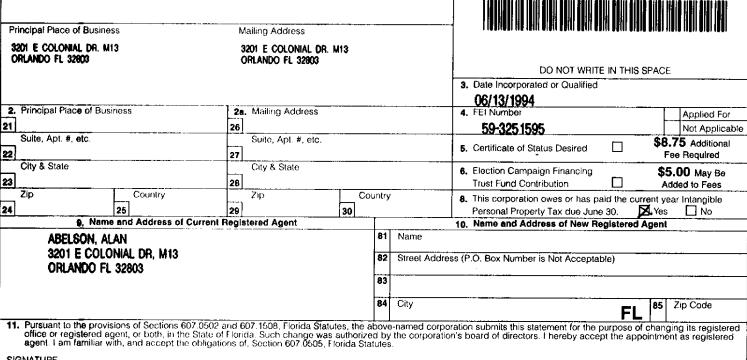
Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P94000046124 (1)

ABELSON, INC.

FILED Apr 15 1998 8:00am Secretary of State



SIGNATURE

Signature, typed or printed name of registered agent and little if applicable (NO1L flegistered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE 1.1 TITLE Change Addition **ABELSON, ALAN** NAME 1.2 NAME 3201 E COLONIAL DR. M13 STREET ADDRESS 1.3 STREET ADDRESS ORLANDO FL 32803 CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE TITLE 2.1 TITLE ☐ Change Addition | ABELSON, DOROTHY NAME 2.2 NAME 3201 E COLONIAL DR. M13 STREET ADDRESS 2.3 STREET ADDRESS ORLANDO FL 32803 CITY-ST-ZIP 2. 4 CITY - ST - ZIP TITLE DELETE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE TITLE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CiTY-ST-ZIP TITLE DELETE Change 51 TITLE Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS ITY - ST - ZIP 5.4 CITY-ST-ZIP DELETE ΠF 6.1 TITLE Change ■ Addition 6.2 NAME EET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP

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 13 if Chagged, or on an attachment with an address. with an address.