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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000046124

1. Corporation Name

ABELSON, INC.

Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90088 044 ***150.00



Principal Place	of Business	Mailing Address			I TOBICE DI ZIO INIII BINII NDIII	. 	# #(;#) (J#(#)((g., 010) (89)
3201 E COLONIAL DR. M13 3201 E COLONIAL DR. M13								
ORLANDO FL 32803 ORLANDO FL 32803					DO NOT WE	RITE IN THIS SE	PACE	
					3. Date Incorporated or Qualifed			
	-				06/13/1994]
2 Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number		App	lied For
21	300 S. B35555	26			59-3251595		Not	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired		\$8.75 A	
22					5. Certificate of Status Desired		Fee Rec	uired
City & State	e ,	City & State			6. Election Campaign Financing	□ ~ · ·	\$5.00 N	
23		28			Trust Fund Contribution		Added to	Fees
Zip	Country	Zip	Country		8. This corporation owes the cu			□No
24	9. Name and Address of Current	29 30	1		Personal Property Tax. 10. Name and Address of New			
	9. Name and Address or Current	Registered Agent	81	Name	IV. Harrie and Adamond of Hos	, g	,	_
ABEI	LSON, ALAN					4-1-1-X		
3201 E COLONIAL DR, M13			82	Street Add	ress (P.O. Box Number is Not Accep	itable)		
	ANDO FL 32803		83					
				<u> </u>			85 Zip C	ode
]			84	City		FL	03 20	daa
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes,	the above	-named corp	poration submits this statement for th	e purpose of ch	anging its r	registered
office or n	to the provisions of Sections 607,0502 egistered agent, or both, in the State of m familiar with, and accept the obligati	ons of, Section 607.0505, Florida	Statutes.	ine corporati	ion's board of directors. Thereby acc	ept the appoint	non as rog	1310104
SIGNATURE	•							
	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Reg	gistered Agent	signature require	ed when reinstation)	DATE		
12.							DIDECTOR	26 IN 12
		DIRECTORS	13.		ADDITIONS/CHANGES TO O	FFICERS AND		
TITLE	D		1.1 TITLE			FFICERS AND	DIRECTOR Change	RS IN 12
NAME	D Abelson, Alan	DIRECTORS	1.1 TITLE 1.2 NAME	ADDECC		FFICERS AND		
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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 comporation 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, with all other like empowered.

6.4 CITY-ST-ZiP

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP