## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000046779 (2)

ABLE MARKETING, INC.

1998

Principal Place of Business

Mailing Address

## FILED Apr 07 1998 8:00am Secretary of State



GEORGE'S COMOPUTERS SEMINOLE FL 33772		11232 PARK BLVD SEMINOLE FL 33772		DO NOT WRITE IN THIS SPACE			
!					3. Date Incorporated or Qualified		
					06/20/1994		
<del></del>	lace of Business	2a. Mailing Address	Mailing Address		4. FEI Number	Applied For	
21		26			59-3246170	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional	
22		27				Fee Required	
City & State		City & State			6. Election Campaign Financing	<b>\$5.00</b> May Be	
Zip	Country	28	Zip Country		Trust Fund Contribution	Added to Fees	
24	25	29	30		This corporation owes or has paid the cu     Personal Property Tax due June 30.	ırrent year Intangible ☐ Yes ☐ No	
24	20] [29] [30] 9. Name and Address of Current Registered Agent		1301		10. Name and Address of New Registered Agent		
					10. Hamo die Postas of How Hogistelee	- Agoin	
BROOKS, GEORGE				Name			
8538 120TH ST. N.			82	Street Add	ress (P.O. Box Number is Not Acceptable)		
SEMINOLE FL 33772			83				
			"				
			84	City	Pi	85 Zip Code	
dd Organiael	to the provisions of Continue COV OF	00 007 4500 Fisside 61st	tan tha ab		Fl		
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, 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 families with, and accept the above-named corporation's board of directors. I hereby accept the appointment as registered agent. I am families with, and accept the above-named corporation's board of directors. I hereby accept the appointment as registered agent. I am families with and accept the appointment as registered agent.							
agent. I a	m familia. Ath, and accept the blis	gations of Section 607.0505,	Florida Statutes.		3 11 1	· · ·	
SIGNATURE	1 JUNION	MM			3-16-9	<u> </u>	
10	Signature typed or printed name of granted as	gen't and title if a plicable (No ND DIRECTORS	OTE: Registered Agen	t signature requi	red when reinstating) DATE		
12.	PS OFFICERS AF	DELETE	13. 1.1 TULE	<del></del> -	ADDITIONS/CHANGES TO OFFICERS AN	Change Addition	
NAME	BROOKS, LYNN A	( DESCRIP	1.2 NAME	- 1		CT Claude CT Magnion	
STREET ADDRESS	8536 120TH ST N		1	DDDccc			
	SEMINOLE FL		1.3 STREET A			}	
CITY-ST-ZIP	VPT	L DELETE	1.4 CITY - ST	- 2112		Change Addition	
TITLE	** *	C Official		}		FT Cliquide FT Withitton	
NAME	BROOKS, GEORGE		2.2 NAME				
STREET ADDRESS	8536 120TH ST N SEMINOLE FL		2.3 STREET A	1			
CITY-ST-ZIP TITLE			2.4 CITY-ST 3.1 TITLE	-7IP		Change Addition	
NAME	AND PROCESS AND ADDRESS OF THE PROCESS OF THE PROCE		3.1 HLL). - 3.2 NAME	1		CHAINGE LI MODICION	
STREET ADDRESS	11201 122ND AVE N			DDDCCC		Į	
	LARGO FL 33778		3.3 STREET A	1			
CITY-ST-2IP YITLE	8	DELETE	3.4. CITY - ST 4.1 Till LE	- ZIP		Change Addition	
NAME	ANDERSON, NATHAN	F3 percit	4.1 TULE. 4. 2 NAME			FT Anguige LT WOOMBOLL	
STREET ADDRESS	11201 122ND AVE N		4	DDbtos			
	LARGO FL 33778		4.3 STREET A				
CITY-ST-ZIP TITLE	E4100 1 E 00110	DELETE	4.4 CITY - ST - 5.1 TITLE	ZIM			
NAME		ن منداد	5.1 THE 5.2 NAME		900024815 -04/07/98010140 ***158.75	Tallinide [1] Woodlott	
STREET ADDRESS				DDDtcc	-04/07/98010140	33	
			5.3 STREET A		***158.75		
CITY-ST-ZIP		DELETE	54 CITY-ST-	ZIP		Change Addition	
		□1 perest	6.1 TITLE			LI CHANGE LI AUGITION	
NAME OTOGET ADODESS			6.2 NAME			Ve ~	
STREET ADDRESS			6.3 STREET A			14.7	
CITY-ST-ZIP			6.4 City - St -	ZIP		- 1 · 1	

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 of supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under cath; that I am an officer or director of the corpus on 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 chapter 0, or on an attachment with an address.

SIGNATURE:

318-98 813399107b