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

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P94000069128 (4) DOCUMENT #

ABDO AND ASSOCIATES, INC.

Principal Place of Business Mailing Address

FILED Apr 22 1998 8:00am Secretary of State



2701 STRATFORD DRIVE AUSTIN TX 78746 US		2701 STRATFORD DRIVE AUSTIN TX 78746 US		DO NOT WRITE IN THIS SPACE		
					 Date Incorporated or Qualified 09/20/1994 	
2. Principal Pi	ace of Business	2a. Mailing Address		4. FEI Number	Applied For	
21		26		65-0536674	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
23		28	26		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country		8. This corporation owes or has paid the	current year Intangible
24	25	29	30		Personal Property Tax due June 30.	Yes No
	9. Name and Address of Curre	nt Registered Agent		,	10. Name and Address of New Register	ed Agent
BAL	LESTAS, ACHILLES		8	1 Name		
773	0 SW 68 TR		82 Street Ad		Address (P.O. Box Number is Not Acceptable)	
	MI FL 33143		١	E dicer	racioss (1.0, box racinbor is raci / soopiable)	
			8	3		
	•			a ni		122 7 0 4
	•		8	4 City	F	85 Zip Code
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 Signature, lyced or profiled name of registered agent and tritle if applicable (NOTE Registered Agent signature required when reinstating) DATE						
	Signature, lyped or printed name of registered ag	ID DIRECTORS	13.	geni signature	ADDITIONS/CHANGES TO OFFICERS	
TITLE	PD	DELETE	1.1 HTL	 T	ADDITIONO/OFFARGES TO GIT TOCKE	Change Addition
1	ABDO, ALBERTO		1.2 NAM			
NAME	2701 STRATFORD DRIVE					
STREET ADDRESS	AUSTIN TX		1.3 STREET ADDRESS 1.4 City-St-Zip			
CITY-ST-ZIP	VSD DELETE		2.1 TITLE			Change Addition
TITLE	ABDO, JOANNE			ı		Change Change
NAME	2701 STRATFORD DRIVE		2.2 NAME			
STREET ADDRESS	AUSTIN TX		2.3 STREET ADDRESS			
CITY-ST-ZIP	D DELETE			-ST-ZIP		Change Addition
TITLE	-		3.1 TITU			C suange C vocation i
NAME	ABDO, BEVERLY		3.2 NAM			
STREET ADDRESS	2701 STRATFORD DRIVE			ET ADDRESS		
CITY-ST-ZIP	AUSTIN TX		3.4. CITY-ST-ZIP			Change Addition
TITLE	☐ DELETE		4.1 TITU			Cuange Modition
NAME			4. 2 NAN			
STREET ADDRESS			4.3 STR	ET ADDRESS		
CITY+ST-ZIP			_	- ST-ZIP		Observe Addition
TITLE	☐ DELETE		5.1 ¥(TU	- 1		Change Addition
NAME			5.2 NAM	E		
STREET ADDRESS			5.3 STRE	ET ADDRESS		
CITY-ST-ZIP			5.4 CITY	-ST-ZIP		
TITLE		☐ DEL ete	6.1 TITL			Change Addition
NAME			6.2 NAW	E		
STREET ADDRESS			6.3 STR	ET ADDRESS		
CITY-ST-ZIP				-ST-ZIP		
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 1 9.07(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 chapted, or on an attachment with an address.						