

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Feb 22, 1999 8:00 am  
Secretary of State

02-22-1999 90133 024 \*\*\*158.75

DOCUMENT # P94000082398

1. Corporation Name  
A B C INTERNATIONAL INC.

Principal Place of Business  
24540 HARBORVIEW RD., #C-1  
CHARLOTTE HARBOR FL 33980

Mailing Address  
24540 HARBORVIEW RD., #C-1  
CHARLOTTE HARBOR FL 33980

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
11/07/1994

4. FEI Number  
65-0569047

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐ \$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 2751-B TAMIAH TRAIL  
Suite, Apt. #, etc.

2a. Mailing Address

26 P.O. Box 8091  
Suite, Apt. #, etc.

22 City & State  
23 PORT CHARLOTTE FL.

24 Zip 33952 25 Country USA

27 City & State  
28 PORT CHARLOTTE FL.

29 Zip 33949 30 Country USA

9. Name and Address of Current Registered Agent

BORYSENKO, ANTHONY  
24540 HARBORVIEW RD  
#C-1  
PT. CHARLOTTE FL 33980

10. Name and Address of New Registered Agent

81 Name OLENA BORYSENKO  
82 Street Address (P.O. Box Number is Not Acceptable)  
24540 HARBORVIEW RD.  
83 C-1  
84 City PORT CHARLOTTE FL 85 Zip Code 33980

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 Olenaborysenko

OLENA BORYSENKO

1-5-99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE  
NAME BORYSENKO, ANTHONY  
STREET ADDRESS 24540 HARBORVIEW RD., #C-1  
CITY-ST-ZIP CHARLOTTE HARBOR FL 33980

TITLE C.E.O. ☐ DELETE  
NAME BORYSENKO OLENA  
STREET ADDRESS 24540 HARBORVIEW RD. #C-1  
CITY-ST-ZIP PT. CHARLOTTE FL 33980

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Olenaborysenko OLENA BORYSENKO 1-5-99 941 764-9270  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0452846

CRZE034 (11/98)