

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortimer
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 AM 8:16

DOCUMENT # **P94000088410 (3)**

1. Corporation Name

ABACUS LABS, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

**13200 SW 128TH ST SUITE F-3
MIAMI FL 33186**

Mailing Address

**13200 SW 128TH ST SUITE F-3
MIAMI FL 33186**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **12/06/1994** 3a. Date of Last Report

4. FE Number **65-0551512** 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 has liability for intangible tax under s. 199.04, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business 2a. Mailing Address

21. State Apt. #, etc. 26. State Apt. #, etc.

22. City & State 27. City & State

23. City & State 28. City & State

24. City & State 25. City & State 29. City & State 30. City & State

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LISLE, DAVID
13200 SW 128TH ST SUITE F-3
MIAMI FL 33186**

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City **FL** 85. Zip Code

11. Pursuant to the provisions of Sections 607, 608, and 609, 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, Florida Statutes.

SIGNATURE

Signature of Registered Agent (Registered Agent of this corporation)

Signature of Registered Agent (Registered Agent of this corporation)

DATE

12. OFFICERS AND DIRECTORS

12.1	NAME	PD LISLE, DAVID
12.2	STREET ADDRESS	13200 SW 128 ST, SUITE F-3
12.3	CITY, ST, ZIP	MIAMI FL 33186
12.4	NAME	
12.5	STREET ADDRESS	
12.6	CITY, ST, ZIP	
12.7	NAME	
12.8	STREET ADDRESS	
12.9	CITY, ST, ZIP	
12.10	NAME	
12.11	STREET ADDRESS	
12.12	CITY, ST, ZIP	
12.13	NAME	
12.14	STREET ADDRESS	
12.15	CITY, ST, ZIP	

13. ADDITIONS CHARGES TO OFFICERS AND DIRECTORS IN 12

13.1	1. TITLE	☐ Change ☐ Addition
13.2	2. NAME	
13.3	3. STREET ADDRESS	
13.4	4. CITY, ST, ZIP	
13.5	5. TITLE	☐ Change ☐ Addition
13.6	6. NAME	
13.7	7. STREET ADDRESS	
13.8	8. CITY, ST, ZIP	
13.9	9. TITLE	☐ Change ☐ Addition
13.10	10. NAME	
13.11	11. STREET ADDRESS	
13.12	12. CITY, ST, ZIP	
13.13	13. TITLE	☐ Change ☐ Addition
13.14	14. NAME	
13.15	15. STREET ADDRESS	
13.16	16. CITY, ST, ZIP	
13.17	17. TITLE	☐ Change ☐ Addition
13.18	18. NAME	
13.19	19. STREET ADDRESS	
13.20	20. CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 199.03, 199.04, 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 of this report, or on an attachment with an address.

SIGNATURE:

David Lisle **DAVID LISLE**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/95 **305.255.5801**
DATE OF FILING AND FILING FEE