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
99 MAR 18 PM 3:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000055684

1. Corporation Name
A BIBE ENTERPRISES INC.

Principal Place of Business: 1101 EMORY AVE NORTH, KISSIMMEE FL 34741

Mailing Address: 1101 EMORY AVE NORTH, KISSIMMEE FL 34741

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip / Country
24 / 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip / Country
29 / 30

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 1/17/95
4. FEI Number: 59-3326344 [ ] 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

9. Name and Address of Current Registered Agent
UDDIN MOHAMMAD J
1101 EMORY AVE NORTH
KISSIMMEE FL 34741

10. Name and Address of New Registered Agent
81 Name: UDDIN MOHAMMAD J
82 Street Address (P.O. Box Number is Not Acceptable): 1101 E MORY AVE NORTH
83
84 City: KISSIMMEE FL 85 Zip Code: 34741

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] 3/12/99
Signature, typed or printed name of registered agent and title if applicable. (Registered Agent's signature required when filing changes) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P/D/T/S	[ ] DELETE	11 TITLE [ ] Change [ ] Addition
NAME	UDDIN MOHAMMAD J		12 NAME
STREET ADDRESS	1101 EMORY AVE NORTH		13 STREET ADDRESS
CITY-ST-ZIP	KISSIMMEE FL 34741		14 CITY-ST-ZIP
TITLE		[ ] DELETE	21 TITLE [ ] Change [ ] Addition
NAME			22 NAME
STREET ADDRESS			23 STREET ADDRESS
CITY-ST-ZIP			24 CITY-ST-ZIP
TITLE		[ ] DELETE	31 TITLE [ ] Change [ ] Addition
NAME			32 NAME
STREET ADDRESS			33 STREET ADDRESS
CITY-ST-ZIP			34 CITY-ST-ZIP
TITLE		[ ] DELETE	41 TITLE [ ] Change [ ] Addition
NAME			42 NAME
STREET ADDRESS			43 STREET ADDRESS
CITY-ST-ZIP			44 CITY-ST-ZIP
TITLE		[ ] DELETE	51 TITLE [ ] Change [ ] Addition
NAME			52 NAME
STREET ADDRESS			53 STREET ADDRESS
CITY-ST-ZIP			54 CITY-ST-ZIP
TITLE		[ ] DELETE	61 TITLE [ ] Change [ ] Addition
NAME			62 NAME
STREET ADDRESS			63 STREET ADDRESS
CITY-ST-ZIP			64 CITY-ST-ZIP

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****150.00 ****150.00

CR2E034 (11/98)

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: [signature] 3/12/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR