

DOCUMENT # P95000064939

1. Entity Name 
ABBOTTONI & ASSOCIATES REAL ESTATE, INC.

Principal Place of Business	Mailing Address
2116 TYLER STREET HOLLYWOOD FL 33020 US	2116 TYLER STREET HOLLYWOOD FL 33020 US

2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State		City & State	
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent	
FILINGS, INC., 3732 NW 16TH ST FT LAUDERDALE FL 33311	Name
	Street Address (if different from above)
	City

4. FEI Number 65-0603498	Applied For
	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

7. Name and Address of New Registered Agent	
P.O. Box Number is Not Acceptable)	
FL	Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

<p>9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/></p>	<p align="center">FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State</p>	<p>10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees</p>
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[illegible]

12.					
ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
	<input type="checkbox"/> Change	<input type="checkbox"/> Addition			
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	<input type="checkbox"/> Change	<input type="checkbox"/> Addition			
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	<input type="checkbox"/> Change	<input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
	<input type="checkbox"/> Change	<input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
	<input type="checkbox"/> Change	<input type="checkbox"/> Addition			

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Sharon Abbott 2/28/01 954-922-4607
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED
Mar 06, 2001 8:00 am
Secretary of State
03-06-2001 90360 039 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)