FILE NOW: FILING FEE AFTER MAY 1 IS $550.00 Amended

PROFIT CORPORATION ANNUAL REPORT

1997

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

Amended

FILED
97 OCT 17 PM 1:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000072161

1. Corporation Name
A.B.P., Inc.

Principal Place of Business	Mailing Address
26133 US Hwy 19, North Suite 2 Clearwater, FL 34623	26133 US Hwy 19, No Suite 2 Clearwater, FL 34623

3. Date Incorporated or Qualified: 09/18/95
3a. Date of Last Report: May 1997

2. Principal Place of Business	2a. Mailing Address
21 7803 N. Orange Blossom	26 7803 N. Orange Blossom
Suite, Apt. #, etc. 22 Suite 2 Trail	Suite, Apt. #, etc. 27 Suite 2 Trail
City & State 23 Orlando, FL	City & State 28 Orlando, FL
Zip / Country 24 32810 / 25	Zip / Country 29 32810 / 30

4. FEI Number: 59-3359892 ☐ 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 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
Chastek, Dale E. 26133 US Hwy 19, North; Suite 210 Clearwater, FL 34623	81 Name: Wilson, Bruce H. 82 Street Address (P.O. Box Number is Not Acceptable): 7803 N. Orange Blossom Trail 83 Suite 2 84 City: Orlando, FL 85 Zip Code: 32810

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: Bruce Wilson 10/1/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Chastek, Dale E. 26133 US Hwy 19, No Suite 210 Clearwater, FL 34623 ☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Wilson, Bruce H. 7803 N. Orange Blossom Trail Orlando, FL 32810 Suite 2 ☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	President Wilson, Bruce H. 7803 N. Orange Blossom Trail Orlando, FL 32810 Suite 2 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary/Treasurer Kelley, Lloyd A. 7803 N. Orange Blossom Trail Orlando, Fl 32810 Suite 2 ☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	Secretary/Treasurer Kelley, Lloyd A. 7803 N. Orange Blossom Trail Orlando, FL 32810 Suite 2 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

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14. I do 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 added on an attachment with an address.

SIGNATURE: Bruce Wilson Bruce Wilson 10/1/97 (407) 295-5009
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #