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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Apr 29 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000073693 (0)

A & B PRODUCTS CORP.

Principal Place of Business

SIGNATURE:

1020-B SOUTHWEST 10TH AVENUE 1020-B SOUTHWEST 10TH AVENUE POMPANO BEACH FL 33069-4632 POMPANO BEACH FL 33064 3. Date Incorporated or Qualified 3a. Date of Last Report 09/22/1995 06/25/1996 2a. Mailing Address 4. FEI Number Applied For 2. Principal Place of Business 65-0613860 Not Applicable 26 Suite, Ant. #. etc. \$8.75 Additional Suite Apt #, etc. 5. Certificate of Status Desired Fee Required 22 City & State \$5.00 May Be 6. Election Campaign Financing City & State Trust Fund Contribution Added to Fees 28 23 Coury 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes \(\sigma\) Yes \(\sigma\) No Country 30 29 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 11 Name BLODIG, GREGORY J 100 WEST CYPRESS CREEK 2 Street Address (P.O. Box Number is Not Acceptable) SUITE 700 FORT LAUDERDALE FL 33309 City Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the alve-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 authorizedy 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 States. Signature, typed or printed hame of registered agent and title if applicable (NOTE: Registeregent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. OFFICERS AND DIRECTORS 12. DELETE 1.110 PSTD 1811 1.2 N/ GARAMELLA, ROBERT A NAME 1.3 STT ADDRESS 1020-B SOUTHWEST 10TH AVENUE, BAY 4 STREET ADDRESS POMPANO BEACH FL 33064 1.4 CIST-ZIP City-S! DELETE 2 1 TIT, Change Addition THLE 2.2 NA 2.3 ST ADDRESS STREET ADDRESS 2.4 CGT-ZIP CITY - \$1 - 20 DELETE 3.1 111 Change Addition 3.2 N/ NAM 3.3 ST ODRESS STREET ADDRESS - **Z**fP CHY-SI-ZE DELETE 41 T Change Addition TITLE NAMI ODRESS 4.3 S STREET ADDRESS ZIP CUY-SI-7IP DELETE 5 \$ TO Change Addition TITLE 5.2 NJ NAME 5.3 S'ADORESS STREET ADDRESS 54 CT-ZIP CHY-51-781 DELETE 6.11 Change Addition DHE 6.2 f NAME 6.3 F ADDRESS STREET ADDRESS 6.4 ST - ZIP 14. I do hereby certify that the information supplied with this filing does not qualify for themption 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 another 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 trute this report as required by Chapter 607, Florida Statutes; and that my name