

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P95000083108 (7)

1. Corporation Name

ABN GROUP, INC.



Principal Place of Business

3305 ATLANTIC BLVD. #C  
JACKSONVILLE FL 32207-8918

Mailing Address

3305 ATLANTIC BLVD. #C  
JACKSONVILLE FL 32207-8918

3. Date Incorporated or Qualified  
10/26/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 1361 Nicholson Road

26 1361 Nicholson Road

4. FEI Number  
59-3348304

Applied For  
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

City & State

City & State

23 Jacksonville, FL

28 Jacksonville, FL

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

Zip

Country

Zip

Country

24 32207

25 US

29 32207

30 US

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

CAPLAN, HOWARD A  
3305 ATLANTIC BLVD. #C  
JACKSONVILLE FL 32207-8918

81 Name Diane L. Denslow

82 Street Address (P.O. Box Number is Not Acceptable)

1829 Twelve Oaks Ln

83

84 City Neptune Beach,

FL

85 Zip Code 32266

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 *Diane L. Denslow*

*Diane L. Denslow, President*

4-24-96

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 D ☒ DELETE  
NAME CAPLAN, HOWARD A  
STREET ADDRESS 5811 ATLANTIC BLVD. APT. 137  
CITY-ST-ZIP JACKSONVILLE FL 32207

TITLE D ☐ DELETE  
NAME DENSLOW, DIANE  
STREET ADDRESS 1829 TWELVE OAKS LANE  
CITY-ST-ZIP NEPTUNE BEACH FL 32266

TITLE D ☐ DELETE  
NAME GURGONE, GEORGE  
STREET ADDRESS 1361 NICHOLSON ROAD  
CITY-ST-ZIP JACKSONVILLE FL 32207

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE D ☒ Change ☐ Addition  
1.2 NAME Gerald D. Denslow  
1.3 STREET ADDRESS 1829 TWELVE OAKS LN  
1.4 CITY-ST-ZIP Neptune Beach, FL 32266

2.1 TITLE ☒ Change ☒ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE P ☐ Change ☒ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *Diane L. Denslow* *Diane L. Denslow*

4-24-96

Date

246-5479

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)