

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P95000083108 (7)

1. Corporation Name  
ABN GROUP, INC.

97-AR  
CM

FILED

97 JUL 30 AM 11:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business

1361 NICHOLSON RD  
JACKSONVILLE FL 32207  
US

Mailing Address

1361 NICHOLSON RD  
JACKSONVILLE FL 32207-8833  
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 1361 NICHOLSON RD

27 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

3. Date Incorporated or Qualified

10/26/1995

3a. Date of Last Report

05/01/1996

4. FEI Number

59-3348304

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

DENSLAW, L DIANE  
1829 12 OAKS LN  
NEPTUNE BOH FL 32208

10. Name and Address of New Registered Agent

81 Name GEORGE GURGONE  
82 Street Address (P.O. Box Number is Not Acceptable)  
1361 NICHOLSON RD  
83  
84 City JACKSONVILLE FL 85 Zip Code 32207

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 a registered agent under Section 607.0505, Florida Statutes.

SIGNATURE

*George Gurgone*

7/27/97

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D  
NAME DENSLAW, GERALD D  
STREET ADDRESS 1829 12 OAKS LN  
CITY-ST-ZIP NEPTUNE BOH FL

☒ DELETE

TITLE D  
NAME DENSLAW, DIANE  
STREET ADDRESS 1829 TWELVE OAKS LANE  
CITY-ST-ZIP NEPTUNE BEACH FL 32208

☒ DELETE

TITLE DP  
NAME GURGONE, GEORGE  
STREET ADDRESS 1361 NICHOLSON ROAD  
CITY-ST-ZIP JACKSONVILLE FL

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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\*\*\*\*165.00 \*\*\*\*165.00

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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 on an attachment to an address.

SIGNATURE

*George Gurgone*

7/17/97

904-377-1427

CR2E034 (9/96)