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May 15 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000087765 (0)

1. Corporation Name
ABM CONSULTING, INC.

Principal Place of Business

4563 NORTHWEST 50TH STREET
COCONUT CREEK FL 33073

Mailing Address

4563 NORTHWEST 50TH STREET
COCONUT CREEK FL 33073-2920



2. Principal Place of Business

21 2751 N.E. 15th Street

Suite, Apt. #, etc.
22 Apt. 102

City & State

23 Fort Lauderdale, FL

Zip
24 33304

Country
25 U.S.A.

2a. Mailing Address

26 2751 N.E. 15th Street

Suite, Apt. #, etc.
27 Apt. 102

City & State

28 Fort Lauderdale, FL

Zip
29 33304

Country
30 U.S.A.

3. Date Incorporated or Qualified

11/15/1995

3a. Date of Last Report

08/09/1996

4. FEI Number

65-0628244

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

ROSS, ALAN S
2250 SW THIRD AVE., 4TH FLOOR
MIAMI FL 33129

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

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 PD
NAME BRUSCO, ANGELA
STREET ADDRESS 4563 NORTHWEST 50TH STREET
CITY-ST-ZIP COCONUT CREEK FL 33073

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
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CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD
1.2 NAME * Myerson, Angela
1.3 STREET ADDRESS 2751 N.E. 15th Street Apt. 102
1.4 CITY-ST-ZIP Fort Lauderdale, FL 33304

2.1 TITLE
2.2 NAME * Change due to marriage
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

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 with an address.

SIGNATURE: Angela Myerson Angela Myerson 4-30-97 954-566-7454

CR2E034 (9/96)