

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90270 010 ***150.00

DOCUMENT # P96000013524

1. Corporation Name
ABC FINANCIAL GROUP, INC.

Principal Place of Business
1160 W 68 ST
HIALEAH FL 33014
US

Mailing Address
1160 W 68 ST
HIALEAH FL 33014
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
02/08/1996

4. FEI Number
65-0640176

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing ☐ \$5.00 May Be
Trust Fund Contribution Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COUILLARD, AMADO A
1160 W 68 ST
HIALEAH FL 33014

81 Name Betty J. Couillard
82 Street Address (P.O. Box Number is Not Acceptable)
1160 W 68 ST
83
84 City Hialeah FL 85 Zip Code 33014

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 *Betty J. Couillard*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/20/99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☒ DELETE

NAME COUILLARD, AMADO A
STREET ADDRESS 6831 W 16 DR
CITY-ST-ZIP HIALEAH FL

TITLE VP President ☐ DELETE

NAME COUILLARD, BETTY J.
STREET ADDRESS 6831 W 16 DR
CITY-ST-ZIP HIALEAH FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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 ☐ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE Pres ☒ Change ☐ Addition

2.2 NAME Betty J. Couillard
2.3 STREET ADDRESS 6831 W 16 DR
2.4 CITY-ST-ZIP Hialeah FL 33014

3.1 TITLE VP ☐ Change ☒ Addition

3.2 NAME Amado Couillard, Jr.
3.3 STREET ADDRESS 1211 NW 96 Ter.
3.4 CITY-ST-ZIP Pembroke Pines, FL 33024

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 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, with all other like empowered.

SIGNATURE:

Betty J. Couillard
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/99 305-827-5372
Date Daytime Phone #

0130303

CR2E034 (11/98)