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

Mailing Address

9808 N.W. 80TH AVENUE, BAY L

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

Principal Place of Business

9808 N.W. BOTH AVENUE, BAY L

DOCUMENT # P96000018170 (6)

ABBOTT ENTERPRISES, CORPORATION

MIAMI FL 33016 MIAMI FL 33016 3. Date Incorporated or Qualified 3a. Date of Last Report 02/26/1996 FIRST 2, Principal Place of Business 2s. Mailing Address FEI Number Applied For 65-0651360 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Added to Fees Trust Fund Contribution Zip Country Zip Country This corporation has liability for intangible tax under s. 199.032, 24 25 29 30 Florida Statutes Yes X No 10, Name and Address of New Registered Agent g. Name and Address of Current Registered Agent Name ABBOTT, FRANKLYN R 9808 N.W. 80TH AVENUE, BAY L Street Address (P.O. Box Number is Not Acceptable) 82 MIAMI FL 33016 83 City 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. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title d applicable OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. (96/6) (6) 13. DELETE 1.1 TITLE ☐ Change Addition TITLE President-Treasurer 1.2 NAME CRZE034 NAME FRANKLYN R. ABBOTT 1.3 STREET ADDRESS STREET ADDRESS 6435 S.W. 116 PL. APT. D 1.4 CITY-ST-ZIP CITY - ST - ZIP MIANI, FL. 33173-DELETE Addition Change TITLE 21 TITLE Vice-President NAME 2.2 NAME ILEANA H. ABBOTT STREET ADDRESS 23 STREET ADDRESS 6435 S. W. 116 PL Apt. D 2.4 CITY-ST-ZIP CITY-ST-ZIP MIAMI, PL. 33173 DELETE ☐ Change Addition TITLE 3.1 TITLE

14. If 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 artifulat 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 corrolation or the reserver 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 it chapted in each attentioned with an address.

3.2 NAME

4.1 TITLE

4. 2 NAME

51 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

3.3 STREET ADDRESS

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5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

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3.4. CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

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NAME

STREET ADDRESS

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STREET ADDRESS

STREET ADDRESS

CITY-S1-2IP

CITY - ST - ZIP

CITY-ST-ZIP

Secretary

HOMERO LUIS ABBOTT H.

MIAMI, FL. 33173

6435 S.W. 116 PL. APT.

NATURE AND TYPEOPOR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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May 02 1997 8:00am

Secretary of State

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