

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

FILED  
Apr 03 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000027968 (2)

1. Corporation Name  
ABKEY NO. 14, INC.

Principal Place of Business  
3444-48 MAIN HIGHWAY  
COCONUT GROVE FL 33233-0927  
US

Mailing Address  
P.O. BOX 330927  
COCONUT GROVE FL 33233-0927  
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/01/1996	
21		26		4. FEI Number 65- APPLIED FOR 0666080	Applied For Not Applicable
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Zip	25. Country	29. Zip	30. Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
CORPORATION COMPANY OF MIAMI 201 BISCAYNE BOULEVARD 1600 MIAMI CENTER MIAMI FL 33131		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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	P-S-T
NAME	AMOS, BETTY G	1.2 NAME	
STREET ADDRESS	3444-48 MAIN HIGHWAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	COCONUT GROVE FL 33133	1.4 CITY-ST-ZIP	
TITLE		2.1 TITLE	O-V
NAME		2.2 NAME	JEFFREY AMOS
STREET ADDRESS		2.3 STREET ADDRESS	113 Pinnacle Place
CITY-ST-ZIP		2.4 CITY-ST-ZIP	SmYrna, TN 37167
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE

Do. Betty Amos Pres 3-26-98 305-442-4284

CR2E034 (10/97)