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May 06 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 # P96000033357 (0)

1. Corporation Name
AABCO REAL ESTATE CONSULTANTS, INC.



Principal Place of Business

1000 N. HIATUS RD.
SUITE 140
PEMBROKE PINES FL 33026

Mailing Address

1000 N. HIATUS RD.
SUITE 140
PEMBROKE PINES FL 33026-3094

3. Date Incorporated or Qualified
04/17/1996

3a. Date of Last Report

2. Principal Place of Business

21 3435 GALT OCEAN DR
Suite, Apt. #, etc.

22 City & State
23 FT. LAUDERDALE FL

24 Zip 33308 25 Country BROWARD

2a. Mailing Address

26 3435 GALT OCEAN DR
Suite, Apt. #, etc.

27 City & State
28 FT. LAUDERDALE

29 Zip 33308 30 Country BROWARD

4. FEI Number

65-0664061

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

SAMMARCO, VINCENT T
1000 N. HIATUS RD.
SUITE 140
PEMBROKE PINES FL 33026

10. Name and Address of New Registered Agent

81 Name ROBERT A. KERWICK
82 Street Address (P.O. Box Number is Not Acceptable)
3435 GALT OCEAN DR
83
84 City FT. LAUDERDALE FL 85 Zip Code 33308

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 607.0502, Florida Statutes.

SIGNATURE

Robert A. Kerwick

ROBERT A. KERWICK

4/29/97

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

1. ROBERT A. KERWICK
3435 GALT OCEAN DR
FT. LAUDERDALE, FL 33308

TITLE NAME STREET ADDRESS CITY-ST-ZIP

2. TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

3. TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

4. TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

5. TITLE 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, STD 1.2 NAME ROBERT A. KERWICK 1.3 STREET ADDRESS 3435 GALT OCEAN DR. 1.4 CITY-ST-ZIP FT. LAUDERDALE, FL 33308

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

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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 *Robert A. Kerwick* 4/29/97 (954) 512-4400

CR2E034 (9/96)