)99-90005-020-$150.00-$150.00

Pg 1 of 2

PROFIT CORPORATION ANNUAL REPORT

1999

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

APPROVED AND FILED

99 OCT -8 AM 11:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000038352

Corporation Name A. Abode Building Consulting Inc
Inquiry Copy

Principal Place of Business / Mailing Address

5820 No Federal Hyway (D-3) Boca Raton Fla 33487

9-7-99 90005 020
DO NOT WRITE IN THIS SPACE

Principal Place of Business: Same Suite, Apt. #, etc.: D3 City & State: Boca Raton Fla Zip: 33487 Country: Palm Beach	2a. Mailing Address: Same Suite, Apt. #, etc. City & State Zip Country	3. Date Incorporated or Qualified 4. FEI Number: 65-0675094 ☐ 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 owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

Katherine Mc Namara
Same address

10. Name and Address of New Registered Agent

81 Name: Katherine Mc Namara
82 Street Address (P.O. Box Number is Not Acceptable): 5820 No Federal Hyway (D3)
83 Boca Raton Fla
84 City: c/o Red Cross Bldg. FL 85 Zip Code: 33487

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: Katherine Mc Namara — Sept 17 99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	P Katherine Mc Namara 5820 N. Federal Hwy. (D-3) Boca Raton, Fl 33487
Pres Katherine Mc Namara		☐ Change ☐ Addition
☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	S/T Kelly Serato 5820 N. Federal Hwy (D-3) Boca Raton, Fl 33487
S/T Kelly Serato		☐ Change ☐ Addition
☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (11/98)

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.

GNATURE: Katherine Mc Namara — Aug 28/99 — 561/241-8158
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

This would have been sent earlier
but due to fact I was in Hospital
due to Heart Problem and per our Conversation
Papers are enclosed.

Thank You
A M Wm