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

DOCUMENT # **P96000078467**1. Corporation Name

ABBAZIA & ASSOCIATES, INC.

Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90278 033 ***150.00



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Principal Place	e of Business	Mailing Address			~	1 7 5 6 7 5 6 6 6 7 6 7 6 7 6 7 6 7 7 7 7 7 7 7	III IABAI EAIN BEANA		
1848 N.W. 94TH AVENUE		1848 N.W. 94TH AVENUE							
PLANTATION FL 33322		PLANTATION FL 33322							
						DO NOT WRITE IN TH	IS SPACE		
•					Į	3. Date Incorporated or Qualifed			
						09/17/1996		ntied For	
2. Principal Place of Business		2a. Mailing Address				4. FEI Number	1	plied For	
21		26				65-0697021	\$8.75 A	t Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired	Fee Re		
22		27							
- City & State		City & State				6. Election Campaign Financing	- \$5.00		
23 Country		Zip Country				Trust Fund Contribution Added to Fees			
Zip Country		— — · — ·			8. This corporation owes the current year Intangible Personal Property Tax.				
24	25		30			10. Name and Address of New Registers			
•	9. Name and Address of Curre	nt Registered Agent	8	1 Name		(U. Haille and Footoos of Now Adjusters	.u rigu		
ΔRR	azia, elisabeth l								
1848 N.W. 94TH AVENUE		82 Stree		t Addres	Address (P.O. Box Number is Not Acceptable)				
PLANTATION FL 33322			8:	<u>-</u>		,			
I LA	TIATION I E GOOZE		0.	'					
	•		84	4 City		F	85 Zip C	Code	
	<u></u>					_	_	rogistorod	
11. Pursuant i	to the provisions of Sections 607.05 egistered agent, or both, in the State	02 and 607.1508, Florida Statute e of Florida. Such change was at	es, the abo uthorized b	ve-named v the corp	ocration	ation submits this statement for the purpose s board of directors. I hereby accept the ap	pointment as reg	gistered	
agent. I a	m familiar with, and accept the oblig	ations of, Section 607.0505, Flor	rida Statute	s.					
SIGNATURE						then reinstating) DATE		}	
	Signature, typed or printed name of registered ago	ant and title if applicable (NOTE:	Registered Ag						
	0==:0==0			ent signature	riequired w	THE THE PARTY OF T	AND DIRECTO	DS IN 12	
12.		ND DIRECTORS /	13.			ADDITIONS/CHANGES TO OFFICERS			
TITLE	D		13. 1.1 TITLE		D.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12	
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6.4 CITY-ST-ZIP 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 13 if changed, or of an attachment with an address with all other like empowered.

SIGNATURE: