

FILE NOW: FILING FEE AFTER MAY 1 IS \$500

FILED

Mar 18 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mem Secretary of DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **P96000079467 (2)**

1. Corporation Name

ABED INC

Principal Place of Business

**11763 7TH LANE NORTH
ST. PETERSBURG FL 33716**

Mailing Address

**11763 7TH LANE NORTH
ST. PETERSBURG FL 33716-25C**

3. Date Incorporated or Qualified

09/23/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FARHAT, HUSSEIN A
11763 7TH LANE NORTH
#2
ST. PETERSBURG FL 33716**

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, I, the undersigned, hereby certify that the information furnished in this report is true and correct 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

(Signature)
City, State, and Zip of printed name of registered agent and title if applicable

(NOTE: New Agent - signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE
NAME **HUSSEIN A FARHAT**
STREET ADDRESS **11763, 7th Lane N, St Petersburg**
CITY-STATE-ZIP **FL-33716**

LE ☐ Change ☐ Addition
ME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

LE ☐ Change ☐ Addition
ME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

LE ☐ Change ☐ Addition
ME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

LE ☐ Change ☐ Addition
ME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

LE ☐ Change ☐ Addition
ME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

LE ☐ Change ☐ Addition
ME
STREET ADDRESS
CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information included 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:

(Signature)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Hussein A Farhat

3-14-97

822-0276

Date

Daytime Phone #

CR2E034 (9/96)