

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

FILED

Feb 25 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000083806 (5)

1. Corporation Name
A&B CONSULTANTS CORPORATION

Principal Place of Business 1300 NORTHWEST 126TH WAY SUNRISE FL 33323 8220 Cheney Blvd #2204 Plantation, FL 33324	Mailing Address 1300 NORTHWEST 126TH WAY SUNRISE FL 33323 8220 Cheney Blvd 2204 Plantation, FL 33324
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 8220 Cheney Blvd Suite, Apt. #, etc. 22 # 2204 City & State 23 Plantation, FL Zip 24 33324		2a. Mailing Address 26 8220 Cheney Blvd Suite, Apt. #, etc. 27 # 2204 City & State 28 Plantation, FL Zip 29 33323		3. Date Incorporated or Qualified 10/07/1996	
		4. FEI Number 65-0725969		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent WRIGHT, MARVIN #2204 1300 NORTH WEST 126TH WAY 8220 Cheney Blvd SUNRISE FL 33323 Plantation, FL 33324				10. Name and Address of New Registered Agent 81 Name MARVIN WRIGHT 82 Street Address (P.O. Box Number is Not Acceptable) 8220 Cheney Blvd 83 # 2204 84 City Plantation FL 85 Zip Code 33324			
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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 HOOKER, GEORGE A <input checked="" type="checkbox"/> DELETE	1.1 TITLE	D George A. Hooker <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1300 NORTHWEST 126TH WAY	1.2 NAME	8220 Cheney Blvd #2204
STREET ADDRESS	SUNRISE FL 33323	1.3 STREET ADDRESS	Plantation, FL 33324
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	D HOOKER, GEORGE A <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	8220 Cheney Blvd #2204	2.2 NAME	
STREET ADDRESS	Plantation, FL 33324	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

15 Feb 98 984-916-1025

Date

Daytime Phone #

0293870

CR2E034 (10/97)