## 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 # P96000083806

1. Corporation Name

**A&B CONSULTANTS CORPORATION** 

Principal Place of Business		Mailing Address				7 10211021 110 12110 21111 02111 02111		
8220 CLEARY BLVD #2204		8220 CLEARY BLVD #2204						
PLANTATION FL 33324		PLANTATION FL 33323				DO NOT WRITE IN THIS SPACE		
US		US				3. Date Incorporated or Qualifed		
						10/07/1996		
2 Principal P	lace of Business	2a. Mailing Addre				4. FEI Number	Apr	olied For
21		26				65-0725969	<del>    ''</del>	Applicable
Suite, Apt.	# etc.	Suite, Apt. #,	etc.				\$8.75 A	dditional
22		27				5. Certifcate of Status Desired	Fee Red	quired
City & Stat		City & State	-	2:5		56.=Election:Gampaign:Financing	\$5.00	— May-Be:=
23		28	ŕ			Trust Fund Contribution	Added to	Fees
Zip	Country	Zip	С	ountry		8. This corporation owes the current y		
24	25	29	30			Personal Property Tax.	Yes	□No
	9. Name and Address of Currer	nt Registered Agent				10. Name and Address of New Regis	stered Agent	
	· · · · · · · · · · · · · · · · · · ·			81	Name			
	GHT, MARVIN			82	Street Add	tress (P.O. Box Number is Not Acceptable)		
	CLEARY BLVD #2204							
PLAI	NTATION FL 33324			83				
				84	City	<u> </u>	85 Zip C	ode
					•		FL ( )	
office or r	to the provisions of Sections 607.050 registered agent, or both, in the State im familiar with, and accept the obligation.	of Florida. Such chang	ge was authoriz	ted by t	-named cor the comorat	poration submits this statement for the purp tion's board of directors. I hereby accept the	oose of changing its i e appointment as reg	registered gistered
_	in familiar with and doops are esign	itions of, Section 607.0	)505, Florida St	tatutes.	•			
SIGNATURE			1505, Florida St	tatutes.			DATE	
_	Signature, typed or printed name of registered age		(NOTE: Registe	tatutes.			DATE ERS AND DIRECTO	RS IN 12
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable.	(NOTE: Registe	ered Agent		red when reinstating)	DATE.	
SIGNATURE	Signature, typed or printed name of registered age OFFICERS AN	nt and title if applicable.	(NOTE: Registe	atutes. ered Agent 3.		red when reinstating)	DATE ERS AND DIRECTO	RS IN 12
SIGNATURE  12.	Signature, typed or printed name of registered age OFFICERS AND HOOKER, GEORGE A	nt and title if applicable.	(NOTE: Registe  (NOTE: Registe  1.1  1.2	arutes.  ared Agent  3.  1 TITLE 2 NAME		red when reinstating)	DATE ERS AND DIRECTO	RS IN 12
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SIGNATURE  12.  TITLE  NAME  STREET ADDRESS	OFFICERS AND HOOKER, GEORGE A 8220 CLEARY BLVD #2204	rrt and title if applicable.  ND DIRECTORS  DE	(NOTE: Registe  (NOTE: Registe  1  1  1  1  1  1  1  1  1  1  1  1  1	atutes.  ared Agent 3. 1 TITLE 2 NAME 3 STREET	t signature requir	red when reinstating)	DATE ERS AND DIRECTO	RS IN 12
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	OFFICERS AND HOOKER, GEORGE A 8220 CLEARY BLVD #2204	rrt and title if applicable.  ND DIRECTORS  DE	(NOTE: Registe	artutes.  ared Agent 3. 1 TITLE 2 NAME 3 STREET 4 CITY-ST	t signature requir	red when reinstating)	DATE ERS AND DIRECTO Change	RS IN 12
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE	OFFICERS AND HOOKER, GEORGE A 8220 CLEARY BLVD #2204	rrt and title if applicable.  ND DIRECTORS  DE	(NOTE: Registe	ared Agent 3. 1 TITLE 2 NAME 3 STREET 4 CITY-ST 1 TITLE 2 NAME	t signature requir	red when reinstating)	DATE ERS AND DIRECTO Change	RS IN 12
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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 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 of the corporation or the receiver or trustee empowered.

**SIGNATURE:** 

STREET ADDRESS

CITY-ST-ZIP

Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90229 035 \*\*\*150.00