

DOCUMENT # P96000084277

Feb 21, 2000 8:00 a
Secretary of State

02-21-2000 90044 004 ***158.75

ABON ENTERPRISES, INC.

Place of Business Mailing Address
INC. C/O HUBAIR, INC.
CORPORATE PKWY. 590 SAWGRASS CORPORATE PKWY.
FL 33325 FT. LAUDERDALE FL 33325-6255

Place of Business 3. Mailing Address
Apt. #, etc. Suite, Apt. #, etc.

State City & State
Country Zip Country

4. FEI Number 65-0704418
Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
SHERADSKY, RODD
6191 ORANGE DRIVE
SUITE 4472
DAVIE FL 33314

7. Name and Address of New Registered Agent
Name SHERADSKY, RODD
Street Address (P.O. Box Number is Not Acceptable)
590 Sawgrass Corporate Pkwy
City Sunrise FL Zip Code 33325-6255

I, the named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

corporation is eligible to satisfy its intangible
requirements and elects to do so.
(Criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<input type="checkbox"/> Delete	D SHERADSKY, RODD 6191 ORANGE DRIVE, STE 4472 DAVIE FL 33314	<input type="checkbox"/> Change <input type="checkbox"/> Addition	D SHERADSKY, RODD 590 sawgrass corporate pkwy. sunrise, FL. 33325-6255
<input type="checkbox"/> Delete	D SHERADSKY, CYNTHIA 6191 ORANGE DRIVE, STE 4472 DAVIE FL 33314	<input type="checkbox"/> Change <input type="checkbox"/> Addition	D SHERADSKY, Cynthia 590 sawgrass corporate Pkwy. Sunrise, FL. 33325-6255
<input type="checkbox"/> Delete	D BONNELL, RUSSELL 6191 ORANGE DRIVE, STE 4472 DAVIE FL 33314	<input type="checkbox"/> Change <input type="checkbox"/> Addition	D BONNELL, RUSSELL 590 Sawgrass Corporate Pkwy. Sunrise, FL. 33325-6255
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

I 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 on this report or supplemental 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 11 or Block 12 if on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] 2/14/00 954-846-7700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP2E034 (9/99)