

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED  
Jul 30 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000103766 (7)

1. Corporation Name  
A.B.T.S. INTELLIGENT GROUP INC.



Principal Place of Business  
7206 EDGEWATER SHORES CT.  
ORLANDO FL 32810

Mailing Address  
7206 EDGEWATER SHORES CT.  
ORLANDO FL 32810

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/01/1987

4. FEI Number

593454240

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 314 H Cherokee ct

26 Suite, Apt. #, etc.

22 H

27 City & State

23 Altamonte Springs, FL

28 City & State

24 Zip

25 Country

29 Zip

30 Country

32701

USA

9. Name and Address of Current Registered Agent

STOTENBUR, TIMOTHY P  
7206 EDGEWATER SHORES CT.  
ORLANDO FL 32810

10. Name and Address of New Registered Agent

81 Name

Aaron Boucher

82 Street Address (P.O. Box Number is Not Acceptable)

314 H Cherokee ct

83

84 City

Altamonte Springs

FL

85 Zip Code

32701

11. Pursuant to the provisions of sections 607.0507 and 607.506, 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 Timothy P. Stotenbur

SIGNATURE Aaron Boucher

7/15/98

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 VST  
NAME STOTENBUR, TIMOTHY P  
STREET ADDRESS 7206 EDGEWATER SHORES CT.  
CITY-ST-ZIP ORLANDO FL 32810

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE P  
NAME BOUCHER, AARON  
STREET ADDRESS 314 H CHEROKEE CT.  
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32701

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
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: Aaron Boucher

7-24-98

407 834 7807

CR2E034 (5/98)