

FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P97000031131

Country

9. Name and Address of Current Registered Agent

25

TONHAUSER, ERNEST

1. Corporation Name

ABLE TECHNOLOGIES, INCORPORATED

Principal Place of Business
3144 MORRIS MANOR
MERRITT ISLAND FL 32952

2. Principal Place of Business

Suite. Apt. #. etc.

City & State

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Zip

Mailing Address

3144 MORRIS MANOR MERRITT ISLAND FL 32952

2a. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

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## FILED Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90286 029 \*\*\*150.00



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 04/07/1997 Applied For 4. FEI Number 59-3439105 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Election Campaign Financing. \$5.00 May Be Trust Fund Contribution Added to Fees 8. This corporation owes the current year Intangible Personal Property Tax. 10. Name and Address of New Registered Agent

82 Street Address (P.O. Box Number is Not Acceptable) 3144 MORRIS MANOR MERRITT ISLAND FL 32952, 83 . . . . . Zip Code 85 84 City

Country

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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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. Change ☐ DELETE 1.1 TITLE TITLE TONHAUSER, ERNEST 1.2 NAME NAME 3144 MORRIS MANOR 1.3 STREET ADDRESS STREET ADDRESS **MERRITT ISLAND FL 32952** 1.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ DELETE 2.1 TITLE ☐ Change TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4.CITY:ST-ZIP CITY ST ZIP -Addition ☐ DELETE Change 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP □ DELETE ☐ Change ☐ Addition 4.1 TITLE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change □ DELETE 5.1 TITLE ТΠЕ 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ DELETE 6.1 TITLE ☐ Change TITLE 6.2 NAME NAME **6.3 STREET ADDRESS** STREET ADDRESS 6.4 CITY-ST-ZIP 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 to stee 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, with all other like empowered.

4/26/99 407. 455. 9769
Date Daytime Phone #

CR2E034 (11/98)