

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

FILED
Jun 01, 1999 8:00 am
Secretary of State

06-01-1999 90029 029 ***150.00

DOCUMENT # **897000041440**

1. Corporation Name

ABECO FORMS INC.

Principal Place of Business

Mailing Address

Never received

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

5/6/97

4. **65-0755432**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be

Added to Fees

8. This corporation owes the current year intangible
Personal Property Tax.

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Jay Lewis Edelman
20805 N.E. 8th Ct. N/A
N Miami FL 33179

81. Name **JAY EDELMAN**

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

20805 N.E. 8th Ct #204

83. City **N MIAMI**

84. State **FL**

85. Zip Code

33179

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 (and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

[Signature] **5/29/99**

12. OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **D PUS**
STREET ADDRESS **GOMEZ, Santiago A.**
CITY-ST-ZIP **11205 W ATLANTIC BLVD**
#301

TITLE ☐ DELETE
NAME **T GOMEZ, Santiago A.**
STREET ADDRESS **11205 W. ATLANTIC BLVD**
CITY-ST-ZIP **33179**

TITLE ☐ DELETE
NAME **Coral Springs, FL**
STREET ADDRESS **33179**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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

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

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

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 chosen. (Attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **5/29/99**
Daytime Phone #

CR2E034 (11/98)