

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$350 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**PROFIT CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000058805

1. Corporation Name

A.B. MAX CORP.

Principal Place of Business

**8623 NW 10TH STREET
PLANTATION FL 33322**

Mailing Address

**8623 NW 10TH STREET
PLANTATION FL 33322**

FILED

99 AUG 31 AM 11:16

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/07/1997

4. FEI Number

65-0768229

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 the current year
Intangible Personal Property.



Yes



No

9. Name and Address of Current Registered Agent

**MARCUS, NORMAN
8181 WEST BROWARD BLVD SUITE 300
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name

MAX GROSS

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

8623 NW 10TH STREET

84 City

PLANTATION

FL

85 Zip Code

33322

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

Max Gross

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

07-01-99

DATE

12. OFFICERS AND DIRECTORS

TITLE	PSTD	<input type="checkbox"/> DELETE
NAME	GROSS, MAX	
STREET ADDRESS	8623 NW 10TH STREET	
CITY-ST-ZIP	PLANTATION FL 33322	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	DESIMONE, BARBARA	
STREET ADDRESS	8623 NW 10TH STREET	
CITY-ST-ZIP	PLANTATION FL 33322	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	700002978647--5
1.4 CITY-ST-ZIP	-09/03/99--01081--002
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	****158.75
2.3 STREET ADDRESS	****158.75
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

Max Gross

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07-01-99

DATE

99-

Daytime Phone #

CR2E034 (5/99)

KE



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July 1, 1999

Division of Corporations
Annual Reports Filings
PO Box 1500
Tallahassee, FL 32302-1500

Re: A.B. Max Corp
8623 NW 10th Street
Plantation, FL 33322
FEI Number 65-0768229
Corporation Annual Report

To Whom It May Concern:

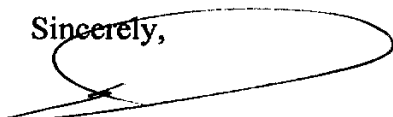
We are requesting that the penalty for the above referenced be abated for the following reason. The owner of the business lost his wife of over sixty years on March 22, 1999. The last few months before her death and after the taxpayer did not work or worked when he could get out of the house. The taxpayer could not concentrate on his business during this very emotional time.

The taxpayer has stated to me that he did not receive the annual report in 1999. He has stated that anything he receives from the Federal or State government he forwards to me.

Since the taxpayer has always filed his returns on time and because of his personal situation during 1999 we are requesting that the penalty be abated.

Thanking you in advance for your consideration regarding this matter.

Sincerely,


David M. Kruzel
Certified Public Accountant

DAVID M. KRUZEL, C.P.A.
ALAN B. BRASS, C.P.A.

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Telephone: (954) 474-4100
Fax: (954) 474-3839
E-Mail: abbcpa@icanect.net