

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).

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P97000061907 (6)
1. Corporation Name

ABE BUSINESS EQUIPMENT SYSTEMS, INC.

FILED
Sep 09 1998 8:00am
Secretary of State



Principal Place of Business

9630 MILLPOND DR.
MIRAMAR FL 33025

Mailing Address

9630 MILLPOND DR.
MIRAMAR FL 33025

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/16/1997

4. FEI Number

65-0766836

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

21 16533 S.W. 1ST STREET

Suite, Apt. #, etc.

22 PEMBROKE SHORES

City & State

23 PEMBROKE PINES, FL

Zip

24 33027

Country

25 BROWARD

2a. Mailing Address

26 16533 S.W. 1ST STREET

Suite, Apt. #, etc.

27 PEMBROKE SHORES

City & State

28 PEMBROKE PINES, FL

Zip

29 33027

Country

30 BROWARD

9. Name and Address of Current Registered Agent

POLITI, JACQUELINE
9630 MILLPOND DR.
MIRAMAR FL 33025

10. Name and Address of New Registered Agent

81 Name

CARTER, JOHN H

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

16533 S.W. 1ST STREET

83

PEMBROKE SHORES

84

City
PEMBROKE PINES,

FL

85 Zip Code
33027

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

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

(NOTE: Registered Agent signature required when reinstating)

9/4/98

12. OFFICERS AND DIRECTORS

TITLE PRESIDENT ☒ DELETE
NAME POLITI, JACQUELINE
STREET ADDRESS 9630 MILLPOND DRIVE
CITY-ST-ZIP MIRAMAR, FL 33025

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT ☒ Change ☐ Addition
1.2 NAME CARTER, JOHN H
1.3 STREET ADDRESS 16533 S.W. 1ST STREET
1.4 CITY-ST-ZIP PEMBROKE PINES, FL 33027

2.1 TITLE VICE PRESIDENT / SEC/TRES ☐ Change ☒ Addition
2.2 NAME CARTER, JEAN J
2.3 STREET ADDRESS 16533 S.W. 1ST STREET
2.4 CITY-ST-ZIP PEMBROKE PINES, FL 33027

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

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

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

6.1 TITLE ☐ Change ☐ 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

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

CR2E034 (5/98)