FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

A.B.E. ENTERPRISES, INC.



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

DOCUMENT # P97000067020

1. Corporation Name

Mailing Address

FILED Apr 25, 1999 8:00 am Secretary of State

04-25-1999 90032 014 ***150.00



Principal Place	e of Business	Mailing Address			(10211021112111111111111111111111111111				
1876 LAKE AVE S.E UNIT H		1876 LAKE AVE S.E., UNIT H							
LARGO FL 3377	71	LARGO FL 33771			DO NO	T WRITE IN THIS	SPACE		
	•				3. Date Incorporated or Q		<u></u>		
	•	·			08/01/1997				
2 Principal P	face of Business	2a. Mailing Address		44.707	4. FEI Number		Apr	plied For	
3 5673	2 70 TH Ave Al.	26 SAME			59-3459415		<u> </u>	Applicable	
Suite, Apt.	#. etc.	Suite, Apt. #, etc.					\$8.75 A	dditional	
22		27 🔊	بسبعه ميد		5. Certifcate of Status De	sired 🔲	Fee Red	quired	::
City & Stat	• •	City & State			6. Election Campaign Fin	ancing	\$5.00	May Be	
23 PINELLAS PARIL, FL.		28			Trust Fund Contribution Added to Fees				
Zip	Country	Zip	Count	ry	8. This corporation owes	the current year Inta			i
24 3378	31 25 U.S.A ·	29 30	0		Personal Property Tax			□No	i
	9. Name and Address of Current	Registered Agent			10. Name and Address o	f New Registered	\gent		i
			8	11 Name					
	ELACE, WILLIAM K		8	2 Street Ad	Idress (P.O. Box Number is Not	Acceptable)			i
2310 W BAY DRIVE			L.		· · · · · · · · · · · · · · · · · · ·				i
LARGO FL				13					i
			a	14 City			85 Zip C	ode	i
						FL	1 1		
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statutes	, the abo	ve-named co	rporation submits this statement	for the purpose of	changing its	registered	
oπice or r agent. I a	registered agent, or both, in the State of mediate mediate mediate with and accept the obligations.	ions of, Section 607.0505, Florid	a Statute	BS.	AUDITS BOAID OF DIRECTORS. I HE EL	y accept the appoin	·	jistoi od	. '
SIGNATURE									
OIGHATORE	Signature, typed or printed name of registered agent			gent signature requ	uired when reinstating)	DATE			<u> </u>
12.	OFFICERS ANI	D DIRECTORS	13.		ADDITIONS/CHANGES	TO OFFICERS AN	D DIRECTO	Addition)
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NAME	LEEZER, JULIE		1.2 NAM	E	5673 70th Aus Pinellas Park,	1			පි
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption 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 attagriment with an address, with all other like empowered.

SIGNATURE