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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000089611 (2)

ABLE LASER GRAPHICS, INC.

Principal Place of Business

Mailing Address

FILED Jan 30 1998 8:00am Secretary of State



12442 SE HWY 484 BELLEVIEW FL 34420								DO NO	T WRITE IN TH	IS SPAC	E		
							1-3	3. Date Incorporated or Q				-	
								10/16/1997					
2. Principal Pi	lace of Business	2	2a. Mailing Address				4	4. FEI Number		I	Ar	plied For	7
21			26 P.O.BOX 714					59-34	17670	7	-	t Applicable	6
Suite, Apt. #, etc.			Suite, Apt. #, etc.								.75	Additional	7
22			27				*	Certificate of Status Des	sirea 🗀	Ì	Fee Re	quired	1
City & State			City & State				6	8. Election Campaign Fina	ncing	\$	5.00	May Be	7
23			28 BELLVIEW, PL					Trust Fund Contribution Added to Fees					
Zip	Country	·	Zip		ıntry	^		This corporation owes or has paid the current year Intangible					
24	25 29 34431 30 U 9, Name and Address of Current Registered Agent												
		as of Current Reg	istered Agent			0. Name and Address of	New Registere	d Agen	<u> </u>		4		
	TMAN, MICHAEL D				81	Name							
5135 S E 125TH ST						82 Street Address (P.O. Box Number is Not Acceptable)							
BEI	LLEVIEW FL 34420												⅃
					83								
					84	City				. 85	Zip (Code	\dashv
									F	<u> </u>	<u> </u>		
11. Pursuant t	to the provisions of Sect	ions 607.0502 and	607.1508, Florida Statu	ites, the a	bove	-named	corporati	ion submits this statement board of directors. I hereb	for the purpose	of chan	ging it	s registered	
agent. I ar	m familiar with, and acc	ept the obligations	of, Section 607.0505, F	lorida Sta	tutes		porations	board of directors. Therei	by accept the a	φροιπιπ	ÇIIL Q S	registered	-
SIGNATURE													
	Signature, typed or printed name				d Ager	n signature	e required who	en reinstating)	DATE				_ í
12.	<u>D</u>	FFICERS AND DIR		13.	T. F		H- 1	ADDITIONS/CHANGES T	O OFFICERS A				- 8
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CITY-ST-ZIP		420	D DELETE		TY-ST	- ZIP	D			F7 :		· · · · · · · · · · · · · · · · · · ·	<u>ۆ</u> ل_
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NAME	ALTMAN, MICHAE			2.2 N/			\triangleright						
STREET ADDRESS	5135 SE 125TH S			1		ADDRESS	6 S a	me					
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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 constraint 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 chapter 60, or man attachment with an andress.