

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
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90066 042 ***150.00

DOCUMENT # P97000090048

1. Corporation Name

ABC COMMODITY UPDATE, INC.

Principal Place of Business

~~7577 SE BAY CEDAR CIR~~
HOBE SOUND FL 33455

Mailing Address

~~7577 SE BAY CEDAR CIR~~
HOBE SOUND FL 33455

6533 SE WILLIAMSBURG DR # 106

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/17/1997

4. FEI Number

65-0787832

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 Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 6533 SE WILLIAMSBURG DR

Suite, Apt. #, etc.

22 # 106

23 HOBE SOUND, FL

24 33455 25 MARTIN

2a. Mailing Address

26 SAME

Suite, Apt. #, etc.

27

City & State

28

Zip Country

29

Country

30

9. Name and Address of Current Registered Agent

MONACO, DANTE A

~~7577 SE BAY CEDAR CIR~~
HOBE SOUND FL 33455

10. Name and Address of New Registered Agent

81 Name

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

6533 SE WILLIAMSBURG DR # 106

83

84 City

FL

85 Zip Code

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)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME MONACO, DANTE A

STREET ADDRESS ~~7577 SE BAY CEDAR CIR~~

CITY-ST-ZIP HOBE SOUND FL 33455

TITLE STD ☒ DELETE

NAME MONACO, DAVID A

STREET ADDRESS 7540 SE BAY CEDAR CIR

CITY-ST-ZIP HOBE SOUND FL 33455

TITLE VD ☐ DELETE

NAME TREACY, RICHARD ANDREW

STREET ADDRESS 2929 E OCEAN BLVD 108-1

CITY-ST-ZIP STUART FL 34996

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 ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS 6533 SE WILLIAMSBURG DR # 106

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

Dante A Monaco
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/30/99 561-546-9328

Date

Daytime Phone #

CR2E034 (11/98)