## FILE NOW: FILING FEE AFTER MAY 1ST |S \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999

Princips I Place of Business

Suite, Apt. #, etc.

City & State

22

23

24

Zip



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secre ary of State DIVISION OF CORPORATIONS

Mailing Address

Suite, Apt. #, etc.

City & State

26

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28

Zip

## DOCUMENT # P97000103388

Country

1. Corporation Name

ABACUS INVESTMENT ADVISORS, INC.

Principal Flace of Business	Mailing Address
89 W LUMSDEN ROAD	789 W LUMSDEN ROAD
BRANDON IFL 33511	BRANDON FL 33511

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

04-25-1999 90004 038 \*\*\*300.00

	DO NOT WRI	TE IN TE	IIS SPACE		
3.	Date Incorporated or Qualifed				
	12/05/1997				
4.	FEI Number		Applied For		
	59-3491423		Not Applicable		
5.	Certificate of Status Desired		\$8.75 Additional Fee Required		
6.	Election Campaign Financing		\$5.00 May Be		

8. This corporation owes the current year Intangible

25	29	30			Personal Property Tax.	Yes	No	
9. Name and Address of	of Current Registered Agent				10. Name and Address of New Re	gistered Agent		
			81	Name	· · · · · · · · · · · · · · · · · · ·			
MCDERMOTT, MICHAEL J 791 W LUMSDEN ROAD			82	82 Street Address (P.O. Bo) Number is Not Acceptable)				
BRADON FL 33511	ON FL 33511		83					
			84	City		85 Zic	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 (lirectors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

Country

COMMITTEE							
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable. (NOT :: Re	egistered Agent signature re-	(red when reinstating) DATE				
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS ,				
TITLE	D DELETE	1.1 TITLE		Change	☐ Addition		
NAME	HAMILTON, GREGORY C	12 NAME					
STREET ADDRESS	4614 RIDECLIFF DR	1.3 STREET ADDRESS					
CITY-ST-ZIP	BRANDON FL 33511	1.4 CITY-ST-ZIP					
TITLE	D DELETE	2.1 TITLE		Change	☐ Addition		
NAME	PHILIPS, LAURA A	2.2 NAME			,		
STREET ADDRE IS	120 BESSEMER CIR	2.3 STREET ADDRESS					
CITY-ST-ZIP	BRANDON FL 33511	2. 4 CITY-ST-ZIP					
TITLE	☐ DELETE	3.1 TITLE		Change	Addition		
NAME		3.2 NAME					
STREET ADDRESS		3.3 STREET ADDRESS					
CITY-ST-ZIP		3 4. CITY-ST-ZIP					
TITLE	☐ DELETE	4.1 TITLE		☐ Change	☐ Addition		
NAME		4 2 NAME			ļ		
STREET ADDRES S		4.3 STREET ADDRESS					
CITY-\$T-ZIP		4.4 CITY-ST-ZIP					
TITLE	DELETE	5.1 TITLE		Change	Addition		
NAME		52 NAME			ĺ		
STREET ADDRESS		5.3 STREET ADDRESS			Į		
CITY-ST-ZIP		5.4 CITY-ST-ZIP					
TITLE	☐ D£LETE	6.1 TITLE		Change	☐ Addition		
NAME		6.2 NAME					
STREET ADDRESS		6.3 STREET ADDRESS			1		
CITY-ST-ZIP	partify that the information expelled with this filling does not qualify for the	6.4 CITY-ST-ZIP	Outline 440 07(0V). Elegido Otatulas Africhas	with that the in	fumation		

indicate 1 on this annual report or supplied with an single does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. Further certify that the information indicate 1 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 13 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE**