


**FILED**  
**May 03, 1999 8:00 am**  
**Secretary of State**

05-03-1999 90116 021 \*\*\*150.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P98000023670</b>					
<b>1. Corporation Name</b> <b>AABCO REALTY &amp; ASSOCIATES, INC.</b>					
<b>Principal Place of Business</b> 3435 GALT OCEAN DR. FT. LAUDERDALE FL 33308			<b>Mailing Address</b> 3435 GALT OCEAN DR. FT. LAUDERDALE FL 33308		
<b>2. Principal Place of Business</b> 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		<b>2a. Mailing Address</b> 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		<b>3. Date Incorporated or Qualified</b> 03/12/1998	
<b>4. FEI Number</b> 65-0824244		<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>Applied For</b> Not Applicable	
<b>6. Election Campaign Financing</b> <input type="checkbox"/>		<b>7. Trust Fund Contribution</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b> <b>\$5.00 May Be Added to Fees</b>	
<b>8. This corporation owes the current year Intangible Personal Property Tax.</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>9. Name and Address of Current Registered Agent</b> CORPORATION SERVICE COMPANY 1201 NAYS STREET TALLAHASSEE FL 32304-2625			
<b>10. Name and Address of New Registered Agent</b> 81 Name <b>ROBERT A. KERWICK</b> 82 Street Address (P.O. Box Number is Not Acceptable) 4007 N. OCEAN BLVD. 83 FT. LAUDERDALE, FL. 3 84 City <b>FT. LAUDERDALE</b> <b>FL</b> 85 Zip Code <b>33308</b>		<b>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 607.0509, Florida Statutes.</b> <b>SIGNATURE</b> <i>Robert A. Kerwick</i> <b>ROBERT A. KERWICK</b> <b>5/5/99</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>12. OFFICERS AND DIRECTORS</b> <input type="checkbox"/> DELETE			<b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE <b>D</b> NAME <b>DE LUCA, BIAIO</b> STREET ADDRESS <b>3435 GALT OCEAN DR.</b> CITY-ST-ZIP <b>FT. LAUDERDALE FL 33308</b>	1.1 TITLE <b>D</b> 1.2 NAME <b>ROBERT A. KERWICK</b> 1.3 STREET ADDRESS <b>4007 N. OCEAN BLVD.</b> 1.4 CITY-ST-ZIP <b>FT. LAUDERDALE, FL. 33308</b>		2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE REQUIRED

4/28/99 954-564-5788

CR2E034 (11/98)