


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

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90152 030 ***150.00



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| PROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # P98000027895

1. Corporation Name
AB VENTURES, INC.

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| Principal Place of Business 5310 NW 33RD AVENUE SUITE 219 FORT LAUDERDALE FL 33309 | Mailing Address 5310 NW 33RD AVENUE SUITE 219 FORT LAUDERDALE FL 33309 |
|---|---|

DO NOT WRITE IN THIS SPACE

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|-------------------------------|--|
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 | | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 | | 3. Date Incorporated or Qualified 03/24/1998 | | 4. FEI Number 65-0825366 | | Applied For Not Applicable | |
| 5. Certificate of Status Desired | | 8. Election Campaign Financing Trust Fund Contribution | | 5.00 Additional Fee Required | | 6. This corporation owes the current year Intangible Personal Property Tax. | | 8. Yes 8. No | |
| 9. Name and Address of Current Registered Agent BARBER, KENNETH T 5310 NW 33RD AVENUE SUITE 219 FORT LAUDERDALE FL 33309 | | | | 10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 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 | | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | |
| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | 1.1 TITLE | 1.2 NAME | 1.3 STREET ADDRESS | 1.4 CITY-ST-ZIP |
| | D BARBER, KENNETH T. | 5310 N.W. 33RD. AVE #219 | FORT LAUDERDALE, FL. 33309 | | | | |
| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | 2.1 TITLE | 2.2 NAME | 2.3 STREET ADDRESS | 2.4 CITY-ST-ZIP |
| | D ALLEN, KENDALL | 5310 N.W. 33RD. AVE. #219 | FORT LAUDERDALE, FL. 33309 | | | | |
| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | 3.1 TITLE | 3.2 NAME | 3.3 STREET ADDRESS | 3.4 CITY-ST-ZIP |
| | | | | | | | |
| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | 4.1 TITLE | 4.2 NAME | 4.3 STREET ADDRESS | 4.4 CITY-ST-ZIP |
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| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | 5.1 TITLE | 5.2 NAME | 5.3 STREET ADDRESS | 5.4 CITY-ST-ZIP |
| | | | | | | | |
| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | 6.1 TITLE | 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/14/99

954-731-0666

CR2034 (1-1/98)