PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Feb 25, 1999 8:00 am Secretary of State

02-25-1999 90095 030 ***150.00

DOCUMENT # P98000046760

ABACO	TITLE COMPANY							
Principal Plac	e of Business	Mailing Address			-{	i idisi dini ariba diki 1000	2 4111 46 11 1885	
209 SOUTH HALIFAX AVENUE 209 SOUTH HALIFAX AVENUE DAYTONA BEACH FL 32118 DAYTONA BEACH FL 32118					DO NOT WRITE IN THIS SPACE			
					3. Date incorporated or Qualifed	_		1
					05/21/1998_			j
2. Principal F	Place of Business	2a. Mailing Address			4, FEI Number	A	optied For	}
21		25			59-3519107	No.	ot Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Fee Ri		
City & Sta		City & State			6. Election Campaign Financing	\$5.00	May Be	1
23,		28			Trust Fund Contribution		to Fees	
Zip	Country	Zip	Country		8. This corporation owes the curre			ļ
24		-	30		- Personal Property Tax.		□No .	Ì
24	9. Name and Address of Current	_ 	301		10. Name and Address of New R			
	3, Name and Place and Place	- Tagistar da Algairi	81 Na	ne				{
GAE	ONER, ROBERT M							!
	EAST GRANADA BOULEVARD		82 Str	et Addre	ss (P.O. Box Number is Not Accepta	ble		(
ORMOND BEACH FL 32176				MA	south theires	HUR		1
UHA	IUNU DEAUN FL 321/0		83					l
			84 Cit			85 Zip	Code U (X	!
			"	المستا	prakeach			4
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statute	s, the above-nam	ed cocho	ration submits this statement for the p	ourpose of changing its	registered	ĺ
office or a	to the provisions of Sections 607,0502 egistered agent, or both, in the State or manual with any accept the obligation	f Florida. Such change was au ons of Section 607 0505. Flori	lhorized by the c da Statules.	orporation	n's board of directors. I hereby accept	the appointment as re	gisierea	l
		01.000,000,0000,110.5	33 DQ(1100.			18 t. 99	I	ĺ
SIGNATURE	SANTature, typed or profiled (issue of registered agent	and tote if applicable. (NOTE:)	Registered Agent signs	beniugen enu	when reinstating)	DATE	 1	-
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTO	RS IN 12	CR2E034 (11/98)
TITLE	PIVAT	C DELETE	1.1 TITLE	PV			Addition	Ξ
NAME	TP. (- 1 A C - 1 A C - 1	_	1.2 NAME	Po	bert M. Gardine 195. Halifax Ave	.۳	, ,	7.
	14254 111927673	. 4	1.3 STREET ADDR	-es 2 c	195 Habitax Ave		1	
STREET ADDRESS		ZON&		- N-	ytona Beach FL	32118	.	្តើ
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TITLE		D offers						ĺ
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CITY-ST-ZIP			2. 4 CITY-ST-ZIP					ĺ
TITLE		() DELETE	3.1 TITLE			☐ Change	Addition	
NAME			3.2 NAME	f				ĺ
STREET ADDRESS			3.3 STREET ADDRE	es				ĺ
CITY-ST-ZIP			3.4, CITY-ST-ZIP					
TILE		☐ DELETE	4.1 TITLE	_		☐ Change	☐ Addition	į
NAME			4. 2 NAME			·		<u> </u>
STREET ADDRESS			4.3 STREET ADDRE	·ss				
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HAME				~ l	•		j	Į
STREET ADDRESS			6.3 STREET ADDRE	22				
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TITLE		☐ DELETE	8.1 TITLE)		☐ Change	Addition \	
NAME			62 NAME	1			ļ	
STREET ADDRESS			6.3 STREET ADDRE	ss			}	
CITY, ST. 710			6.4 CITY-ST-ZIP	1			1	

14. I hereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report of supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under cath; that I am an officer or director of the extraction 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 of only a gracting providing an address, with all other like empowered.

SIGNATURE:

DOMATION AND TYPICO OF PRINTED NAME OF SIGNANG DEFICER OR DIRECTOR

<u>18 Jan 99 "</u>

eviane Phone #

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