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

PROFIT CORPORATION ANNUAL REPORT

1999

ABACUS SEATING & TENTS, INC.



DOCUMENT # **P98000056844**1. Corporation Name

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 06, 1999 8:00 am Secretary of State

03-06-1999 90105 021 ***150.00



| Principal Place of Business Mailing Address | | | | | | - 1 (DECINOO) (CB COCK) (DECIN DECIN | it destê deset ides (| BLOCK OF OC 1884 |
|--|---|----------------------------------|---|---|---------------------------------|--|-----------------------|------------------|
| C/O RICHARD CHIPPENFIELD C/O RICHARD CHIPPENFIELD | | | | | | | | |
| 001 NORTH GONDOLA DRIVE 1001 NORTH GONDOLA D | | | DRIVE | | | DO NOT MRITE IN THE | CCDACE | |
| /ENICE FL 34293 VENICE FL 34293 | | | | | | DO NOT WRITE IN THE 3. Date Incorporated or Qualified | 3 SPACE | |
| | | | | | | 06/25/1998 | | |
| 2. Principal Pla | ace of Business | 2a. Mailing Address | | | | 4 EEI Number | I An | plied For |
| | 100 OF DOM:1000 | 26 | | | | 65-0850875 | <u> </u> | t Applicable |
| Suite, Apt. # | Suite, Apt. #, etc. | e, Apt. #, etc. | | | | \$8.75 A | | |
| 2 | 27 | | | | 5. Certifcate of Status Desired | Fee Re | quired _ | |
| City & State | | City & State | City & State | | | 6. Election Campaign Financing | \$5.00 | May Be |
| 3 | | 28 | | | | Trust Fund Contribution | Added to | o Fees |
| Zip Country Zip | | | Cor | intry | | 8. This corporation owes the current year li | | ا بر |
| 4 | 25 | 29 | 30 | | | Personal Property Tax. | | Ż(No |
| | 9. Name and Address of Curre | ent Registered Agent | | 81 | Name | 10. Name and Address of New Registered | Agent | |
| STRA | ske, stephen b II | | | " | Name | | | l |
| 101 EAST KENNEDY BLVD. | | | | 82 | Street Addr | ress (P.O. Box Number is Not Acceptable) | | |
| SUITE 3700 | | | | 83 | | | | |
| | A FL 33602 | | | | | | | |
| ,, mail | | | | 84 | City | F | 85 Zip C | ode |
| 44 Dumuent te | the provinces of Sections 607.05 | 02 and 607 1509 Florida State | tos the a | boyo | named corr | poration submits this statement for the purpose of | | registered |
| office or re | gistered agent, or both, in the State | e of Florida. Such change was : | authorized | l by th | he corporation | on's board of directors. I hereby accept the appoint | pintment as reç | gistered |
| agent. I an | familiar with, and accept the oblig | ations of, Section 607.0505, FI | orida Stat | utes. | | | | Ì |
| SIGNATURE _ | Signature, typed or printed name of registered ag | ent and title if applicable (NOT | E. Registered | Agent | signature feguire | nd when reinstating) DATE | | } |
| 12. | | ND DIRECTORS | 13. | 7-3-11 | | ADDITIONS/CHANGES TO OFFICERS A | ND DIRECTO | RS IN 12 |
| ITLE | | DELETE | 1.1 TI | TLE | 4 | Seentany | Change | Addition |
| IAME | | | 1.2 N | AME | 1 . | TEPHENC YAROS | | ′ |
| STREET ADDRESS | | | 1.3 \$1 | REET A | ADDRESS . | 705 N WAYNE ST #20 |) | 1 |
| CITY-ST-ZIP | | _ | 1.4 CI | TY-ST- | ZIP | ARLINGTON VA 22201 | | |
| TILE | | ☐ DELETE | 2.171 | TLE | | V.F. Pusident | Change | Addition |
| IAME | | | 22 N | AME | R | EBELCA A BLACIL | | |
| STREET ADDRESS | | | 2.3 S | TREET A | ADDRESS | YOUT W DALE AVE | | } |
| CITY-ST-ZIP | | | 2.40 | TY-ST- | \ | | | * ~~] |
| me | | | | | -ZIP | TAMPA FL 33609 | | |
| IAME | | ☐ DELETE | 3.1 π | | | TAMPA FL 33609 | Change | Addition |
| STREET ADDRESS | | ∐ DELETE | 3.2 N | TLE | | TAMPA F. 33609 TELASUUM. BRAHAM N THOMAS | Change | Addition |
| CITY-ST-ZIP | | (_1 DELETE | 3.2 N | TLE | ADDRESS / | TAMPA F. 33609 FF TREASUM. BRAHAM N THOMAS 1001 NORTH GONOULA DR | Change | Addition |
| mue i | | | 3.2 N/ 3.3 ST 3.4. C | TLE AME TREET A ITY-ST- | ADDRESS / | TAMPA F. 33609 TELASUUM. BRAHAM N THOMAS | _ | |
| ļ | | ☐ DELETE | 3.2 No 3.3 ST 3.4. C 4.1 TI | TLE AME TREET A ITY-ST- TLE | ADDRESS / | TAMPA F. 33609 FF TREASUM. BRAHAM N THOMAS 1001 NORTH GONOULA DR | ☐ Change | Addition |
| IAME | | | 3.2 No 3.3 ST 3.4. C 4.1 TU 4.2 N | TLE AME TREET A ITY-ST- TLE AME | ADDRESS / | TAMPA F. 33609 FF TREASUM. BRAHAM N THOMAS 1001 NORTH GONOULA DR | _ | |
| IAME | | | 3.2 N/ 3.3 S1 3.4. C 4.1 T/ 4.2 N 4.3 S1 | TLE AME TREET A TLE AME TREET A | ADDRESS / | TAMPA F. 33609 FF TREASUM. BRAHAM N THOMAS 1001 NORTH GONOULA DR | _ | |
| IAME STREET ADDRESS CITY-ST-ZIP | | ☐ DELETE | 3.2 N/ 3.3 S1 3.4 C 4.1 TI 4.2 N 4.3 S1 4.4 C | TLE TREET A TY-ST- TLE TREET A TY-ST- | ADDRESS / | TAMPA F. 33609 FF TREASUM. BRAHAM N THOMAS 1001 NORTH GONOULA DR | ☐ Change | Addition |
| IAME STREET ADDRESS CITY-ST-ZIP | | | 3.2 N/ 3.3 ST 3.4, C 4.1 TI 4.2 N 4.3 ST 4.4 Ci 5.1 TI | TLE AME TREET A ITY-ST- TLE AME TREET A TY-ST- | ADDRESS / | TAMPA F. 33609 THE TRAGULA. BRAHAM N THOMAS 1001 NORTH GONOVLA DR. VENICE FL 3429 | _ | |
| IAME STREET ADDRESS STY-ST-ZIP STILE IAME | | ☐ DELETE | 3.2 No 3.3 ST 3.4, C 4.1 TU 4.2 N 4.3 ST 4.4 C 5.1 TU 5.2 No | TLE AME TREET A ITY-ST- TLE AME TY-ST- TLE AME | ADDRESS / | TAMPA F. 33609 FF TREASUM. BRAHAM N THOMAS 1001 NORTH GONOULA DR | ☐ Change | Addition |
| IAME STREET ADDRESS STY-ST-ZIP TITLE IAME STREET ADDRESS | | ☐ DELETE | 3.2 No 3.3 ST 3.4, C 4.1 TI 4.2 N 4.3 ST 4.4 C 5.1 TI 5.2 No 5.3 ST | TLE AME TY-ST- TLE AME TY-ST- TLE AME TY-ST- TLE AME | ADDRESS ADDRESS ZIP ADDRESS | TAMPA F. 33609 THE TRAGULA. BRAHAM N THOMAS 1001 NORTH GONOVLA DR. VENICE FL 3429 | ☐ Change | Addition |
| IAME STREET ADDRESS SITY-ST-ZIP TITLE IAME STREET ADDRESS SITY-ST-ZIP | | ☐ DELETE | 3.2 N/ 3.3 S' 3.4 C 4.1 TI 4.2 N 4.3 S1 4.4 CJ 5.1 TI 5.2 N/ 5.3 SI 5.4 CJ | TLE TREET A TY-ST- TLE TLE TY-ST- TLE TY-ST- TLE TY-ST- TREET A TY-ST- TY-ST- | ADDRESS ADDRESS ZIP ADDRESS | TAMPA F. 33609 THE TRAGULA. BRAHAM N THOMAS 1001 NORTH GONOVLA DR. VENICE FL 3429 | ☐ Change | Addition |
| IAME STREET ADDRESS CITY-ST-ZIP TITLE IAME STREET ADDRESS CITY-ST-ZIP TITLE | | ☐ DELETE | 3.2 N/ 3.3 S' 3.4 C 4.1 TI 4.2 N 4.3 SI 4.4 CI 5.1 TI 5.2 N/ 5.3 SI 5.4 CI 6.1 π | TLE TREET A TY-ST- TLE TREET A TY-ST- TLE TREET A TY-ST- TLE TREET A TY-ST- TLE | ADDRESS ADDRESS ZIP ADDRESS | TAMPA F. 33609 THE TRAGULA. BRAHAM N THOMAS 1001 NORTH GONOVLA DR. VENICE FL 3429 | ☐ Change | Addition |
| IAME STREET ADDRESS CITY-ST-ZIP TITLE IAME STREET ADDRESS CITY-ST-ZIP TITLE IAME | | ☐ DELETE | 3.2 N 3.3 ST 3.4 C 4.1 TI 4.2 N 4.3 ST 4.4 CI 5.1 TI 5.2 N/ 5.3 ST 5.4 CI 6.1 TI 6.2 N/ | TLE TREET AME TY-ST- TLE AME TY-ST- TLE TT- TLE | ADDRESS ZIP ADDRESS ZIP | TAMPA F. 33609 THE TRAGULA. BRAHAM N THOMAS 1001 NORTH GONOVLA DR. VENICE FL 3429 | ☐ Change | Addition |
| IAME ITREET ADDRESS ITY-ST-ZIP ITLE IAME ITREET ADDRESS ITY-ST-ZIP ITLE | , | ☐ DELETE | 3.2 N/ 3.3 ST 3.4 C 4.1 TI 4.2 N/ 4.3 ST 4.4 Ci 5.1 TI 5.2 N/ 5.3 ST 5.4 Ci 6.1 TI 6.2 N/ 6.3 ST | TLE TREET AME TY-ST- TLE AME TY-ST- TLE TT- TLE | ADDRESS ZIP ADDRESS ZIP ADDRESS | TAMPA F. 33609 THE TRAGULA. BRAHAM N THOMAS 1001 NORTH GONOVLA DR. VENICE FL 3429 | ☐ Change | Addition |

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.

INTED NAME OF SIGNING OFFICER OR DIRECTOR

703.933.1680