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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P98000064486

1. Corporation Name

A. B. & F. ENTERPRISES, INC.

## FILED Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90175 028 \*\*\*150.00



	* .						
Principal Place	e of Business	Mailing Address			I SMALLDER LEM TALMS SETTE MADEL MASS OR STEEL MADEL	, milit miðit bildi	INTIN MINITER
2213 N UNIVERSITY DRIVE PEMBROKE PINES FL 33024		2213 N UNIVERSITY DRIVE PEMBROKE PINES FL 33024			,		
PEMBRUKE PIN	4E3 FL 33024	FEMDRORE FIRES FE 3002	•		DO NOT WRITE IN THIS	SPACE	
	•				3. Date Incorporated or Qualifed		
					07/20/1998		1
2. Principal Pi	lace of Business	2a. Mailing Address			4. FEI Number	Ap	plied For
21	•	26			65-08 <u>55</u> 643	No	ot Applicable
Suite, Apt.	#, etc	Suite, Apt. #, etc.			5. Certifcate of Status Desired		Additional
22	المرابع فسيجر فسيرون	27			3. Certificate of Otalica Octalica	Fee Re	equired
City & State	le .	City & State			6. Election Campaign Financing	\$5.00	
23		28			Trust Fund Contribution		to Fees
Zip			Country		8. This corporation owes the current year In		m.
24	25		30		Personal Property Tax.	Yes	□No
	9. Name and Address of Curre	ent Registered Agent	8	1 Name	10. Name and Address of New Registered	₩Ã611£	_
RED	GER, LESLIE H		°	Ivaille			. •
2213 N UNIVERSITY DRIVE			8.	2 Street Addr	ress (P.O. Box Number is Not Acceptable)		
PEMBROKE PINES FL 33024			8				
1 6141	DITORE FINES I E SODE		°	3			
	·		8	4 City	FL	85 Zip	Code
	<del></del>					-	ragistered
office or n	egistered agent, or both, in the Stat	e of Florida. Such change was au	ithorized b	y the corporate	poration submits this statement for the purpose of on's board of directors. I hereby accept the appo	intment as re	gistered
agent. I a	m familiar with, and accept the oblig	gations of, Section 607.0505, Flor	ida Statute	s.			
SIGNATURE					od when reinstating) DATE		
40	Signature, typed or printed name of registered ag	gent and title if applicable. (NOTE:	Registered Ag	ent signature require	ed when reinstating) DATE		
	OFFICEDS A	ND DIDECTORS	13		ADDITIONS/CHANGES TO DEFICERS A	ND DIRECTO	ORS IN 12
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	DRS IN 12
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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.