ANNUAL KEPUKI

DOCUMENT # P98000064486

1. Name
A. B. & F. ENTERPRISES, INC.



FILED
May 03, 2004 08:00 AM
Secretary of State

Principal Place of Business 2213 N UNIVERSITY DRIVE PEMBROXE PINES, FL 33024 Mailing Address

2213 N UNIVERSITY DRIVE PEMBROKE PINES, FL 33024



DO NOT WRITE IN THIS SPACE

01142004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0855643 Applied For Not Applicable

5. Certificate of Status Desired

\$8,75 Additional Fee Required

6. Name and Address of Current Registered Agent

BERGER, LESLIE H 2213 N UNIVERSITY DRIVE PEMBROKE PINES, FL 33024

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| the obligations of registered agent. | | | | | |
|---|------------------------|----------|-------|--------------------------------|---------------------------|
| SIGNATURE | | | | | |
| Signature, typod or printed name of regulatored agent and title if applicable. (NOTE: Regulatored Agent signature required when reinstating) DATE | | | | | |
| FILE NOWIII FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Finance Trust Fund Contribution. | | | g | \$5.00 May Be Added to Fees | |
| 10. | OFFICERS AND DIRECTORS | | | | |
| TITLE | D | | | | |
| NAME | BLOWSTEIN, FLORENCE | | | | |
| STREET ADORESS | 6482 ROYAL MANOR CIR | 1 | | | |
| CITY-ST-ZEP | DELRAY BEACH, FL 33484 | | | | U00000147244 |
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| 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes, I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under bath; 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 10 or Block 11 if | | | | | |

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept