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Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90064 022 ***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 # P98000088680

1. Corporation Name
ABFAC, INC.



Principal Place of Business 13902 N. DALE MABRY SUITE 212 TAMPA FL 33618	Mailing Address 13902 N. DALE MABRY SUITE 212 TAMPA FL 33618
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 3837 Northdale Blvd		2a. Mailing Address 26 3837 Northdale Blvd #204		3. Date Incorporated or Qualified 10/16/1998	
Suite, Apt. #, etc. 22 #204		Suite, Apt. #, etc. 27 #204		4. FEI Number 59-3543307	
City & State 23 Tampa, FL		City & State 28 Tampa, FL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24 33624		Country 25 Hillsborough		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country 29 Hillsborough		Zip 30 33624		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

CILLO, JOSEPH
13902 N. DALE MABRY SUITE 212
TAMPA FL 33618

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	KRATZ, HOWARD	
STREET ADDRESS	13902 N. DALE MABRY SUITE 212	
CITY-ST-ZIP	TAMPA FL 33618	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	KRATZ, HOWARD	
1.3 STREET ADDRESS	3837 Northdale Blvd #204	
1.4 CITY-ST-ZIP	Tampa, FL 33624	

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: _____ Date: **5/2/99** Daytime Phone # _____

CR2E034 (11/98)