DOCUMENT # P99000081884						FILED Apr 26, 2000 8:00 am Secretary of State			
ABG INSI	URANCE CONSULTANTS, IN	1C.				Secretary	of St	tate	
Principal Place	of Rucinose	Mailing Address			_	04-05-2000 9010			
•	Of Drawings	-	-						
10314 US 19 PORT RICHEY FL 34668		10314 US 19 PORT RICHEY FL 34668-3130							
2. Principal Place of Business		3. Mailing Address			\rightarrow				
Suite, Apt. #. etc.		Suite, Apt. #, etc.			_	DO NOT WRITE IN THIS	R131 /100/ (2:4/ (0)	F OIRI FRAJ	
		City & State			4 50	El Number		olied For	
City & State		Oily & State			9-3598736	Not	Applicable		
Zip	Zip Country Zip		Coun	5. Certificate of Status Desired		ertificate of Status Desired	\$8.75 Addi		
	6. Name and Address of Current	Registered Agent			7. N	ame and Address of New Registered	Agent		
ODESHDEDO DODINI				Name					
GREENBERG, ROBYN 10314 US 19				Street Addre	ess (P.O. Bo	x Number is Not Acceptable)			
PORT RICHEY FL 34668				<u></u>					
				City		F	Zip Code		
SIGNATURE .	named entity submits this statement f	ot and title if applicable (N	OTE: Registere	ed Agent signature re					
9. This corporation is eligible to satisfy its Intangib Tax filing requirement and elects to do so. (See criteria on back)		FILE NOW!!! FEE IS \$150.00 After MAY 17 2000 Fee will be \$550. Make Check Payable to Department of			10. Election Campaign Financing Trust Fund Contribution.		May Be to Fees		
11. OFFICERS AND DI		DIRECTORS	12.		AD	DITIONS/CHANGES TO OFFICERS AN			
NAME STREET ADDRESS	D GREENBERG, ROBYN 10314 US 19	☐ Delete		i i			Change	Addition 2	
UITLE	PORT RICHEY FL 34668	Delete	101				☐ Change	Addition C	
NAME STREET ADDRESS CITY-ST-ZIP		L. Delae	NAJ STR	- 1			□ ovalige		
TITLE		☐ Delete	TIT.	1	-+		☐ Change	noilibbA 🗌	
STREET ADDRESS			STE	REET ADDRESS Y-S1+ZIP					
TIPLE		☐ Delete	717	rE			☐ Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP		~ ~		ME REET ADDRESS Y-ST-ZIP					
TITLE NAME		Delete	TIT	LE ME			Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP				REET ADDRESS TY-ST-ZIP					
TITLE		☐ Delete	111	LE .			Change	Addition	

13. 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 report or supplemental report is total 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 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

NAME

STREET ADDRESS

C177 - 72 - 1713

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND THEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dayume Phone #