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 # S30286

1. Corporation Name

ABEL HOLDINGS, INC.

Principal Place of Business	Mailing Address
6448 BRECKENRIDGE CIRCLE LAKE WORTH FL 33467 US	P.O. BOX 3188 WEST PALM BEACH FL 33402-3188 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed **02/06/1991**		
4. FEI Number **65-0240299**	Applied For	
	Not Applicable	
5. Certifcate of Status Desired ☐	**$8.75** Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No		

2. Principal Place of Business	**2a.** Mailing Address
21	**26**
Suite, Apt. #, etc. **22**	Suite, Apt. #, etc. **27**
City & State **23**	City & State **28**
Zip **24** — Country **25**	Zip **29** — Country **30**

9. Name and Address of Current Registered Agent		**10.** Name and Address of New Registered Agent
FLORIDA LAWDOCK, INC. 222 LAKEVIEW AVE. 4TH FLOOR WEST PALM BEACH FL 33402	**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 _____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

12. OFFICERS AND DIRECTORS	**13.** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE **D** ☐ DELETE NAME **ABEL, EDWARD W** STREET ADDRESS **6448 BRECKENRIDGE CIR** CITY-ST-ZIP **LAKE WORTH FL**	1.1 TITLE **P/T** 1.2 NAME **Abel, Edward W.** 1.3 STREET ADDRESS **106 Little Oak Trail** 1.4 CITY-ST-ZIP **Hot Springs AR 71913** ☒ Change ☐ Addition
TITLE **VS** ☐ DELETE NAME **ABEL, BETH L** STREET ADDRESS **6448 BRECKENRIDGE CIRCLE** CITY-ST-ZIP **LAKE WORTH FL**	2.1 TITLE **V/S** 2.2 NAME **Abel, Beth L.** 2.3 STREET ADDRESS **106 Little Oak Trail** 2.4 CITY-ST-ZIP **Hot Springs AR 71913** ☒ Change ☐ Addition
TITLE **VP** ☐ DELETE NAME **SMITHYMAN, JOHN G** STREET ADDRESS **4442 DOUGLAS AVE** CITY-ST-ZIP **RACINE WA**	3.1 TITLE **Assistant Secretary** 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP **Racine WI** ☒ Change ☐ Addition
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP	4.1 TITLE **D** 4.2 NAME **Abel, Edward W., Jr.** 4.3 STREET ADDRESS **115 Middleton Street** 4.4 CITY-ST-ZIP **Hot Springs AR 71901** ☐ Change ☒ Addition
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP	5.1 TITLE **D** 5.2 NAME **Linsmeier, Brenda L.** 5.3 STREET ADDRESS **2400 Andrew Avenue, Apt. 303** 5.4 CITY-ST-ZIP **LaPorte IN 46350** ☐ Change ☒ Addition
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP	6.1 TITLE **D** 6.2 NAME **Abel, Bradley H.** 6.3 STREET ADDRESS **6293 Carlsberg Lane** 6.4 CITY-ST-ZIP **Rockford IL 61109** ☐ Change ☒ Addition

CR2E034 (11/98)

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: _John G. Smithyman_   John G. Smithyman Assistant Secretary   4/12/99   (414) 639-2211

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #