

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S30549
1. Corporation Name

ABE LENNOX, INC.

600001839446
-05/24/96--01110--037
***200.00

Principal Place of Business: 1717 N. BAYSHORE DR. STE 2856 MIAMI FL 33132
Mailing Address: 1717 N. BAYSHORE DR. STE 2856 MIAMI FL 33132

3. Date Incorporated or Qualified: 02/08/1991
3a. Date of Last Report: 09/27/95

2. Principal Place of Business: 1856 SW 177 Terrace Suite, Apt. #, etc.
2a. Mailing Address: 1856 SW 177 Terrace Suite, Apt. #, etc.
4. FEI Number: 65-0249188
Applied For: Not Applicable

22. City & State: Miramar FL
27. City & State: Miramar FL
24. Zip: 33029
25. Country: USA
29. Zip: 33029
30. Country: USA
5. Certificate 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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
Peter Graulich
250 Catalouia Ave.
STE 502
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent
81. Name: **Erika Morgen**
82. Street Address (P.O. Box Number Not Acceptable): **1856 SW 177 Terrace**
83. City: **MIRAMAR** FL 85. Zip Code: **33029**

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: **ERIKA MORGEN** (Signature, typed or printed name of registered agent, and title if applicable) *Erika Morgen* (NOTE: Registered Agent's signature required when reinstating) 04/22/1996 (DATE)

12. OFFICERS AND DIRECTORS

TITLE	Director	<input type="checkbox"/> DELETE
NAME	Peter Morgen	
STREET ADDRESS	1856 SW 177 Terrace	
CITY-ST-ZIP	MIRAMAR FL 33029	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

S-J-96
JP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: **MORGEN PETER, DIRECTOR** *Peter Morgen* 04/22/96 305-530-9256 (Daytime Phone)

CR2E034 (12/95)