

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

96 MAY 10 PM 3:02

DOCUMENT # **S44862** (8)

1. Corporation Name
ABLE MANAGEMENT INC.



Principal Place of Business
**7354 SE JAMESTOWN TERRACE
POST OFFICE BOX 1223
HOBE SOUND FL 33475**

Mailing Address
**7354 SE JAMESTOWN TERRACE
POST OFFICE BOX 1223
HOBE SOUND FL 33475**

3. Date Incorporated or Qualified 04/10/1991	3a. Date of Last Report 04/14/1995
4. FEI Number 65-0260303	Applied For Not Applicable
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	

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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CUNNINGHAM, DAVID J. 7354 SE JAMESTOWN TER HOBE SOUND FL 33455	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 the first name

Printed Registered Agent Signature required when registering

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1. TITLE	NAME
NAME	STREET ADDRESS	12. NAME	STREET ADDRESS
STREET ADDRESS	CITY - ST - ZIP	13. STREET ADDRESS	CITY - ST - ZIP
CITY - ST - ZIP		14. CITY - ST - ZIP	
TITLE	NAME	2. TITLE	NAME
NAME	STREET ADDRESS	22. NAME	STREET ADDRESS
STREET ADDRESS	CITY - ST - ZIP	23. STREET ADDRESS	CITY - ST - ZIP
CITY - ST - ZIP		24. CITY - ST - ZIP	
TITLE	NAME	3. TITLE	NAME
NAME	STREET ADDRESS	32. NAME	STREET ADDRESS
STREET ADDRESS	CITY - ST - ZIP	33. STREET ADDRESS	CITY - ST - ZIP
CITY - ST - ZIP		34. CITY - ST - ZIP	
TITLE	NAME	4. TITLE	NAME
NAME	STREET ADDRESS	42. NAME	STREET ADDRESS
STREET ADDRESS	CITY - ST - ZIP	43. STREET ADDRESS	CITY - ST - ZIP
CITY - ST - ZIP		44. CITY - ST - ZIP	
TITLE	NAME	5. TITLE	NAME
NAME	STREET ADDRESS	52. NAME	STREET ADDRESS
STREET ADDRESS	CITY - ST - ZIP	53. STREET ADDRESS	CITY - ST - ZIP
CITY - ST - ZIP		54. CITY - ST - ZIP	
TITLE	NAME	6. TITLE	NAME
NAME	STREET ADDRESS	62. NAME	STREET ADDRESS
STREET ADDRESS	CITY - ST - ZIP	63. STREET ADDRESS	CITY - ST - ZIP
CITY - ST - ZIP		64. CITY - ST - ZIP	

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:

David J. Cunningham
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DAVID J. CUNNINGHAM

5/7/96

407
546-2599
Director of Finance

CR2E034 (12/95)