FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # (

S44862

Country

9. Name and Address of Current Registered Agent

25

CUNNINGHAM, DAVID J.

(8)

ABLE MANAGEMENT INC.

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

2. Principal Place of Business

Suite, Apt. #, ctc.

SIGNATURE:

City & State

21

22

23

24

Mailing Address

2a. Mailing Address

City & State

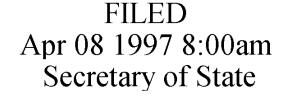
Zip

28

29

Suite, Apt. #, etc.

7354 SE JAMESTOWN TERRACE POST OFFICE BOX 1223 HOBE SOUND FL 33475-1223





This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

10. Name and Address of New Registered Agent

3a. Date of Last Report

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

05/10/1996

3. Date Incorporated or Qualified

04/10/1991

65-0260303

5. Certificate of Status Desired

6. Election Campaign Financing

Trust Fund Contribution

4. FEI Number

	4 SE JAMESTOWN TER BE SOUND FL 33455	82 Street	Address (P.O. Box Number is Not Acceptable)	
not	3E 300HD FE 33433	83		
		64 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 Stignature, typicd or printed name of repserred agent and title # applicable (NOTE Registered Agent signature required when reinstating) DATE Output DATE				
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
Title	OP DELETE	1.1 TITLE	Change Addition	
NAME	CUNNINGHAM, BETTY M.	1.2 NAME		
STREET ADDRESS	7354 SE JAMESTOWN TER	1.3 STREET ADDRESS		
CITY-S1-ZIP	HOBE SOUND FL	1.4 CITY-ST-ZIP		
TITLE	DV DELETE	2.1 TITLE	Change Addition	
NAME	CUNNINGHAM, DAVID J.	2.2 NAME		
STREET ADDRESS	7354 SE JAMESTOWN TER	2.3 STREET ADDRESS		
CITY-ST-ZIP	HOBE SOUND FL	2.4 CITY - ST - ZIP		
TOLE	DST DELETE	3.1 TIFLE	Change Addition	
NAME	MARKINO, ANGELO	3.2 NAME		
STREET ADDRESS	1802 HARVARD NW	3.3 STREET ADDRESS		
CITY - S1 - ZIP	CANTON OH	3.4. CITY-ST-ZIP		
TITLE	DELETE	4.1 TITLE	Change Addition	
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-2IF		4.4 CITY - ST - ZIP		
TITLE	☐ DELETÉ	5.1 TITLE	Change Addition	
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY - S1 - 7IP		5.4 CITY - ST - ZIP		
THILE	DELETE	6.1 TITLE	Change Addition	
NAME		6.2 NAME		
STREET ADORESS		6.3 STREET ADDRESS		
CITY ST - ZIP	and the the of counting and the day at the first	6.4 CITY - ST - ZIP	Heled in Continue 110 07/2VI) Florida Statutas 15 where soulf, that the	
14. I do 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 eath; 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.				

Country

Name

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