

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

**FILED**

**Jan 31 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



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

**DOCUMENT # S62540 (7)**  
1. Corporation Name  
**ABEL UNLIMITED INC.**



Principal Place of Business: **1756 N. CONGRESS AVENUE WEST PALM BEACH FL 33409**  
Mailing Address: **1756 N. CONGRESS AVENUE WEST PALM BEACH FL 33409-5156**

3. Date Incorporated or Qualified: **06/24/1991**  
3a. Date of Last Report: **02/07/1996**

2. Principal Place of Business 21 <b>1649 Forum Place</b> Suite, Apt. #, etc. 22 <b>Suite 12</b> City & State 23 <b>West Palm Beach FL</b> Zip 24 <b>33401</b>	2a. Mailing Address 26 <b>1649 Forum Place</b> Suite, Apt. #, etc. 27 <b>Suite 12</b> City & State 28 <b>West Palm Beach FL</b> Zip 29 <b>33401</b>	4. FEI Number <b>04-2486868</b> Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent <b>MALTZ, MARVIN 1756 N. CONGRESS AVENUE WEST PALM BEACH FL 33409</b>	10. Name and Address of New Registered Agent 81 Name <b>Maltz, Marvin</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>1649 Forum Place</b> 83 <b>Suite 12</b> 84 City <b>West Palm Beach</b> FL 85 Zip Code <b>33401</b>
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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: *Marvin Maltz* **MARVIN MALTZ** DATE: **1/27/97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MALTZ, ROBERT B.</b>	1.2 NAME	
STREET ADDRESS	<b>2900 LE BATEAU DR.</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PALM BEACH GDNS. FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MALTZ, JUDITH M.</b>	2.2 NAME	
STREET ADDRESS	<b>2900 LE BATEAU DR</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PALM BEACH GDNS. FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MALTZ, MARVIN</b>	3.2 NAME	
STREET ADDRESS	<b>1756 N. CONGRESS AVE.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WEST PALM BEACH FL</b>	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 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: *Marvin Maltz* **U.P. MARVIN MALTZ** DATE: **1/27/97** DAYTIME PHONE: **561-688-1105**

CR2E034 (9/96)