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Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90084 027 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # S62540

1. Corporation Name
ABEL UNLIMITED INC.



Principal Place of Business 1649 FORUM PLACE STE 12 W PALM BEACH FL 33401 US	Mailing Address 1649 FORUM PL STE 12 WEST PALM BEACH FL 33401 US
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DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified 06/24/1991	
4. FEI Number 04-2486868	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

MALTZ, MARVIN
1649 FORUM PLACE
STE 12
WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> DELETE
NAME	MALTZ, ROBERT B.
STREET ADDRESS	2900 LE BATEAU DR.
CITY-ST-ZIP	PALM BEACH GDNS. FL
TITLE	D <input type="checkbox"/> DELETE
NAME	MALTZ, JUDITH M.
STREET ADDRESS	2900 LE BATEAU DR
CITY-ST-ZIP	PALM BEACH GDNS. FL
TITLE	D <input type="checkbox"/> DELETE
NAME	MALTZ, MARVIN
STREET ADDRESS	1756 N. CONGRESS AVE.
CITY-ST-ZIP	WEST PALM BEACH FL
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Maltz, Robert
1.3 STREET ADDRESS	16149 Via Monte Verde
1.4 CITY-ST-ZIP	Delreay Beach, FL 33446
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Maltz, Judith
2.3 STREET ADDRESS	16149 Via Monte Verde
2.4 CITY-ST-ZIP	Delray Beach, FL 33446
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Maltz, Marvin
3.3 STREET ADDRESS	10270 Allamanda Blvd
3.4 CITY-ST-ZIP	Palm Beach Gardens, FL 33410
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Metsky, Allan
4.3 STREET ADDRESS	10216 Allamanda Blvd.
4.4 CITY-ST-ZIP	Palm Beach Gardens, FL 33410
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Dushman, Larry
5.3 STREET ADDRESS	451 Plantain Terrace
5.4 CITY-ST-ZIP	Peachtree City, GA 30269
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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: MARVIN MALTZ 1/29/99 561-688-1105
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)