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 # \$76365

(3)

Mailing Address

ABKEY NO. 9, INC.

Principal Place of Business

SIGNATURE:

FILED Apr 08 1997 8:00am Secretary of State

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3444 MAIN HW THIRD FLOOR COCONUT GRO		COCONUT GROVE FL 33	233-0827		
US	SIE TE SIIS	00		3. Date Incorporated or Qualified 08/28/1991	3a. Date of Last Report 04/18/1996
	ace of Business	2a. Mailing Address		4. FEI Number 65-0298844	Applied For
Suite, Ant	# stc	Suite, Apt. #, etc.		0370290044	Not Applicable \$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for	
24	25 9. Name and Address of Curre	29 to Decistered Agent	30	Florida Statutes 10. Name and Address of New Re	Yes No
COL	REPORATION COMPANY OF MIA		81 Name	ID. Hame and Address of Herr Ne	Assessed Whole
	D MIAMI CENTER	HII			
	S. BISCAYNE BLVD.		82 Street Add	dress (P.O. Box Number is Not Acceptat	ole)
	MI FL 33131		63	The second secon	
mika	mi 1 E 00101				
			84 City		FL 85 Zip Code
11. Pursuant t	to the provisions of Sections 607.050)2 and 607.1508, Florida Statu	tes, the above-named cor	rporation submits this statement for the p	
office or re agent. Lar	egistered agent, or both, in the State m familiar with, and accept the oblig	of Florida. Such change was jations of, Section 607.0505, F	authorized by the corpora lorida Statutes	rporation submits this statement for the pation's board of directors. I hereby acceptions	ot the appointment as registered
SIGNATURE		(4)	TE: Registered Agent signature regi		DATE
12,	Signature, typical or pointed name of ingestered ag OFFICERS, AN	ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	
TITLE	PDST	DELETE	1.1 TITLE	7,00,10,017,110,017,00	Change Addition
NAME	AMOS, BETTY G.	_ -	1.2 NAME		
STREET ADDRESS	3444 MAIN HWY THIRD FLOO)R	1.3 STREET ADDRESS		
CITY-ST-ZIP	COXONUT GROVE FL		1.4 CITY - ST - ZIP		
TITLE		DELETE	2.1 TITLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS		•	2 3 STREET ADDRESS	•	
CITY-S1-7/P			2 4 City-St-ZIP		
TITLE		DELETE	31 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADORESS			3.3 STREET ADDRESS		
CITY-S1-ZIP			3.4. CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STHEET ADDRESS			4.3 STREET ADDRESS		
CITY - ST - ZIP			4.4 CHTY-ST-ZIP		
TITLE		DEFELE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
SIREET ADDRESS			5.3 STREET ADDRESS		
CHTY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·		5.4 CITY - ST - ZIP		
TITLE		DELETE	6.1 YITLE		Change Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY - ST - ZIP			64 CITY-ST-ZIP		
14. I do heret	by certify that the information supplied in indicated on this applied specifies.	ed with this filing does not qua	lify for the exemption state	ed in Section 119.07(3)(i), Florida Statute at my signature shall have the same leg	is. I further certify that the
Lam an o	flicer or director of the corporation of	r the receiver or trustee empo	wered to execute this rep	ort as required by Chapter 607, Florida	
appears i	n Block 12 or Block 13 if changed, o	or on an anacyment with an ac	uress.		