

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

FILED
Feb 06 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **S85015** (3)
1. Corporation Name
ABACO MANAGEMENT, INC.



Principal Place of Business 14499 NORTH DALE MABRY HIGHWAY SUITE 230 TAMPA FL 33618	Mailing Address 14499 NORTH DALE MABRY HIGHWAY SUITE 230 TAMPA FL 33618
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/04/1991	
4. FEI Number 59-3082147	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 owes or has paid the current year intangible Personal Property Tax due June 30. ☐ Yes ☐ No	

2. Principal Place of Business 21 3927 Yellow Finch Ln Suite, Apt. #, etc.	2a. Mailing Address 26 3959 VAN DYKE Rd. Suite, Apt. #, etc.
22 City & State Lutz, FL	27 City & State Lutz, FL
23 Zip 33549	24 Country USA
25 Zip 33549	26 Country USA

9. Name and Address of Current Registered Agent

**BRAVO-SAEZ, JESUS
14499 NORTH DALE MABRY HIGHWAY
SUITE 230
TAMPA FL 33618**

10. Name and Address of New Registered Agent

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	BRAVO-SAEZ, JESUS	1.2 NAME	
STREET ADDRESS	5406 BLUE HERON LN	1.3 STREET ADDRESS	
CITY-ST-ZIP	WESLEY CHAPEL FL	1.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	MENDEZ-DELGADO, OLGA M.	2.2 NAME	
STREET ADDRESS	5406 BLUE HERON LN	2.3 STREET ADDRESS	
CITY-ST-ZIP	WESLEY CHAPEL FL	2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 registered agent 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 attached change of address.

CR2E034 (10/97)