

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

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90263 040 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # S85205
 1. Corporation Name
READ ABBOTT ENTERPRISES, INCORPORATED



Principal Place of Business 1696 BEARDALL AVE 1255 BELLE AVE. STE 126 SANFORD FL 32771 US	Mailing Address 1696 BEARDALL AVE SANFORD FL 32771 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1696 BEARDALL AVE.	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 SANFORD	City & State 28
Zip 24 FL 25 32771	Zip 29 Country 30

3. Date Incorporated or Qualified 10/04/1991	Applied For Not Applicable
4. FEI Number 59-3089391	
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

ELENOR, RAE
823 E 26TH AVE
NEW SMYRNA BCH FL 32169

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

12. OFFICERS AND DIRECTORS

TITLE	PS <input type="checkbox"/> DELETE
NAME	ELENOR, RAE
STREET ADDRESS	998 OAKWOOD RD.
CITY-ST-ZIP	ORANGE CITY FL 32763
TITLE	VPD <input type="checkbox"/> DELETE
NAME	ELENOR, JOAN
STREET ADDRESS	998 OAKWOOD RD.
CITY-ST-ZIP	ORANGE CITY FL 32763
TITLE	VP <input type="checkbox"/> DELETE
NAME	GUEST, OLIVER CLARK
STREET ADDRESS	413 RANCH TRAIL
CITY-ST-ZIP	CASSELBERRY FL 32707
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	PS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ELENOR, RAE
1.3 STREET ADDRESS	823 E. 26th AVE
1.4 CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32169
2.1 TITLE	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	ELENOR, JOAN
2.3 STREET ADDRESS	823 E. 26th AVE,
2.4 CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32169
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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: *[Signature]* **4/15/99** **407 323 3313**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1.1/98)