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FILED
Mar 09 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morthan? Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # S88180 (2)

1. Corporation Name
ABAS, INC.

Principal Place of Business

Mailing Address

P.O. BOX 1262
FORT MYERS FL 33902

P.O. BOX 1262
FORT MYERS FL 33902

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/18/1991

4. FEI Number

65-0296614

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

2a. Mailing Address

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 Zip Country

9. Name and Address of Current Registered Agent

SAAB, PAULA
3157 E. RIVERSIDE DRIVE
FORT MYERS FL 33916

10. Name and Address of New Registered Agent

81 Name JANA DIEHL

82 Street Address (P.O. Box Number is Not Acceptable)

83 3833 E. RIVER DRIVE

84 City Fort Myers FL 85 33916

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

2-14-98

12. OFFICERS AND DIRECTORS

TITLE PST
NAME BURKE, HAL J.
STREET ADDRESS PO BOX 1262
CITY-ST-ZIP FT. MYERS FL

TITLE D
NAME BURKE, HAL J.
STREET ADDRESS PO BOX 1262
CITY-ST-ZIP FT. MYERS FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PST
1.2 NAME DIEHL, JANA
1.3 STREET ADDRESS 3833 E. RIVER DR.
1.4 CITY-ST-ZIP FT. MYERS, FL 33916

2.1 TITLE D
2.2 NAME DIEHL, JANA
2.3 STREET ADDRESS 3833 E. RIVER DR.
2.4 CITY-ST-ZIP FT. MYERS, FL 33916

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
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.

SIGNATURE

Jana Diehl

2-14-98 941.694.8550

CR2E034 (10/97)