

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.  
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 JUN 14 AM 9:57

DOCUMENT # S88983

(9)

1. Corporation Name

ABS INVESTMENTS & ENTERPRISES, INC.

Principal Place of Business

8943 TAFT ST  
PEMBROKE PINES FL 33024

Mailing Address

8943 TAFT ST  
PEMBROKE PINES FL 33024

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

10/21/1991

3a. Date of Last Report

04/07/1994

4. FEI Number

65-0291287

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 has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

BUREKE, RONALD  
8943 TAFT ST  
PEMBROKE PINES FL 33024

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE P  
NAME BURKE, RONALD  
STREET ADDRESS 11601 NW 14TH CT.  
CITY-ST-ZIP PEMBROKE PINES FL 33026

TITLE V  
NAME CREARY, CARL  
STREET ADDRESS 16500 SW 105TH CT.  
CITY-ST-ZIP MIAMI FL 33157

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

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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:

*R. Burke*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/9/95

Date

305-431-6599

Telephone

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PROFIT  
CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

65 JUL 17 AM 9:00

DOCUMENT # S89064

(7)

1. Corporation Name

STEVEN REILLY INSURANCE AGENCY, INC.

Principal Place of Business

150 2ND AVENUE NORTH  
SUITE 1600  
ST. PETERSBURG FL 33701

Mailing Address

150 2ND AVENUE NORTH  
SUITE 1600  
ST. PETERSBURG FL 33701

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/23/1991

3a. Date of Last Report

04/08/1994

4. FEI Number

59-3094999

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 has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

REILLY, STEVEN EDWARD  
150 2ND AVENUE NORTH  
SUITE 1600  
ST. PETERSBURG FL 33701

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 must be printed name of registered agent and the 4 applicable

(NOTE: Registered Agent signature required when registering)

(DATE)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP  
D  
REILLY, STEVEN  
150 2ND AVENUE N. S-1600  
ST. PETERSBURG FL

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY ST ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY ST ZIP

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 (changed, or on an attachment) with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-10-95 822-5383  
(813)

# FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

|                                               |                                                                                   |                                                                                                           |
|-----------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| <b>CORPORATION<br/>ANNUAL REPORT<br/>1995</b> |  | <b>FLORIDA DEPARTMENT OF STATE</b><br>Sandra B. Mortham<br>Secretary of State<br>DIVISION OF CORPORATIONS |
|-----------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|

**FILED**  
**SECRETARY OF STATE**  
**DIVISION OF CORPORATIONS**

**DOCUMENT # S89623 (0)**

1. Corporation Name  
**G. BOSTON ENTERPRISES, INC.**

|                                                                                            |                                                                         |
|--------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|
| Principal Place of Business<br><b>2475-1 BLANDING BLVD.<br/>MIDDLEBURG FL 32068<br/>US</b> | Mailing Address<br><b>4097 BRONCO RD<br/>MIDDLEBURG FL 32068<br/>US</b> |
|--------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|

DO NOT WRITE IN THIS SPACE

|                                                                                                                                                             |  |                                                        |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------|--|
| 3. Date Incorporated or Qualified<br><b>10/24/1991</b>                                                                                                      |  | 3a. Date of Last Report<br><b>04/18/1994</b>           |  |
| 4. FEI Number<br><b>59-3074202</b>                                                                                                                          |  | Applied For<br><input type="checkbox"/> Not Applicable |  |
| 5. Certificate of Status Desired<br><input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                                                          |  |                                                        |  |
| 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>                                       |  |                                                        |  |
| 7. This corporation has liability for intangible tax under G. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |                                                        |  |

|                                                                          |  |                                                       |                       |
|--------------------------------------------------------------------------|--|-------------------------------------------------------|-----------------------|
| 9. Name and Address of Current Registered Agent                          |  | 10. Name and Address of New Registered Agent          |                       |
| <b>BOSTON, GAIL C.<br/>3475-1 BLANDING BLVD.<br/>MIDDLEBURG FL 32068</b> |  | 81 Name                                               |                       |
|                                                                          |  | 82 Street Address (P.O. Box Number is Not Acceptable) |                       |
|                                                                          |  | 83                                                    |                       |
|                                                                          |  | 84 City                                               | <b>FL</b> 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 the filer (applicant) (24/71) Registered Agent signature required when reappointing. DATE

| 12. OFFICERS AND DIRECTORS |                          | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                   |
|----------------------------|--------------------------|-------------------------------------------------------|-------------------------------------------------------------------|
| TITLE                      |                          | 1.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>D BOSTON, GAIL C.</b> | 1.2 NAME                                              |                                                                   |
| STREET ADDRESS             | <b>4097 BRONCO RD.</b>   | 1.3 STREET ADDRESS                                    |                                                                   |
| CITY, ST, ZIP              | <b>MIDDLEBURG FL</b>     | 1.4 CITY, ST, ZIP                                     |                                                                   |
| TITLE                      |                          | 2.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                          | 2.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                          | 2.3 STREET ADDRESS                                    |                                                                   |
| CITY, ST, ZIP              |                          | 2.4 CITY, ST, ZIP                                     |                                                                   |
| TITLE                      |                          | 3.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                          | 3.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                          | 3.3 STREET ADDRESS                                    |                                                                   |
| CITY, ST, ZIP              |                          | 3.4 CITY, ST, ZIP                                     |                                                                   |
| TITLE                      |                          | 4.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                          | 4.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                          | 4.3 STREET ADDRESS                                    |                                                                   |
| CITY, ST, ZIP              |                          | 4.4 CITY, ST, ZIP                                     |                                                                   |
| TITLE                      |                          | 5.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                          | 5.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                          | 5.3 STREET ADDRESS                                    |                                                                   |
| CITY, ST, ZIP              |                          | 5.4 CITY, ST, ZIP                                     |                                                                   |
| TITLE                      |                          | 6.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                          | 6.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                          | 6.3 STREET ADDRESS                                    |                                                                   |
| CITY, ST, ZIP              |                          | 6.4 CITY, ST, ZIP                                     |                                                                   |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Gail Boston* **6/8/95 9042828670**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR