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

PROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

ANN	UAL REP 1996	ORT			Secretary of State DIVISION OF CORPORATIONS													
DOCUMENT # S98999 1. Corporation Name																		
ABGP	CORP.								ĺ									
Principal Plac																		
18685 W	Dixie	g Address D1 W Dixie Highway																
#508		0	,	#508		С 111-В	.IW CI	y	Į									
N Miami	Beach,	N Mi	N Miami Beach, FL 33180					3. Date Incorporated or Qualified			3a. Date of Last Report							
										12/9/91				/13/95				
2. Principal P		<b>├</b>	2a. Mailing Address					4. FEI N	lumber			<u> </u>	·	Applied	d For			
21 4930 1 Suite, Apt.			26 4930 N W 55 Street Suite Apt #, etc.					65-0303020					Not Applicable					
22		27						5. Certi	ficate of S	Status De	sired		\$8.75	Additi Require				
City & State			City & State					6. Elect	ion Camp	aign Fina	ncina		·	0 Мау				
23 Cocont	ut Cree	K, FL Countr										Trust Fund Contribution			Added to Fees			
24 3307:	3	25	US	Zip 29 3	3073	<b>—</b>	intry IC		ľ	8. This	corporatio				tax under	s. 199	.032,	
			ess of Current	Registered	d Agent	] 0E	JS				a Statute		Yes	No	<u> </u>			
Robert			Esquire				81	Name		TO. Hall	e allu Au	GIESS UI	New He	gistered	Agent			
			Bouleva					D1	A .1.1					<u>.</u> _				
Suite							82	Street	Address	s (P.O. Bo	ox Numbe	er is Not A	Acceptab	ole)				
Fort I	Lauderd	ale. H	FL 3330	9			В3											
				_			84	City							<del></del>			
				_			1	,						FL	1 1	o Code		
11. Pursuant t	to the provision	ons of Sections, or both	tions 607.0502 o. in the State c	and 607.15	08, Florida Statu uch change was	ites, the al	oove-	named	corpora	ation subr	nits this s	tatement	for the p	<u></u>	changing	its reg	stered	
agent lar	m familiar with	n, and acc	ept the obligat	ions of, Sec	tion 607.0505, F	lorida Stat	utes.	ine corp	Joradon	s board (	or director	rs. I neret	оу ассер	of the app	iointment a	s regis	tered	
SIGNATURE _	Slandure typedic	r punted cane	of registered agent															
12.			FFICERS AND			11 Hegisteres	d Agent	: signature	required w			ANICCOT	<u> </u>	DATE	DIRECTO	200.4		
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STREET ADDRESS	REET ADDRESS 2607 Coral Tree Cir							13 STREET ADDRESS 493			55 S	treet						
CITY - ST - ZIP	Coconut Creek, FL				33073						Creek			73				
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14. I do hereby	certify that the	ne informat	tion supplied v	vith this filing	g is voluntarily fu	rnished a	nd do	es not d	oualify f	or the exe	emption s	tated in 5	Section 1	10 07/3//	k) Elorida	Statuto		

further certify that the information supplied with this illing is voluntarily turnisried and does not quality 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 of 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 3 if changed out an attachment with an address

SIGNATURE: HMM SIGNATURE OF SIG

41.17.91 Date

CR2E034 (12/95)