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

PROFIT **CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(0)

A B M M INC.

**FILED** Jan 29 1998 8:00am Secretary of State



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Principal Place of Business Mailing Address								( 1881) BIKBBI CIJON DIKIK BJBIJ BBIJK	EIDI OIDII BIDIF	araki şibil didi.	1 <b>218</b> 11 1 <b>23</b> (	
4947 COATS ROAD 4947 COATS ROAD ZEPHYRHILLS FL 33541 ZEPHYRHILLS FL 33541								DO NOT WR	TE IN THIS	SPACE		
								3. Date Incorporated or Qualifie	d			
2. Principal Place of Business 2e. Mailing Address								07/31/1992				
	lace of Busin		2a, Mailing Address				4. FEI Number		<del></del>	oplied For		
21 Suite, Apt.	# etc		26	Suite, Apt #, etc.				65-0355590			ot Applicable	
22			27	27				5. Certificate of Status Desired			Additional equired	
City & State	e 		28	City & State				6. Election Campaign Financing Trust Fund Contribution			May Be to Fees	
Zip				Zip Country				8. This corporation owes or has paid the current year Intangible				
24	25			29 30			·	Personal Property Tax due June 30. Yes No				
g. Name and Address of Current Registered Agent							Name	10. Name and Address of New	Registered	Agent		
NYE, WILLIAM F.							Name					
	6 FOX HUN	r			82	Street Add	tress (P.O. Box Number is Not Accep	able)				
WESLEY CHAPEL FL 33543						83			<del></del>			
					İ	84	City		FL	<b>85</b> 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.											ts registered registered	
SIGNATURE												
Signature, typed or printed name of registered agent and title if applicable (NOTE: I  12. OFFICERS AND DIRECTORS							nt signature requ	ired when reinstating)  ADDITIONS/CHANGES TO OF	DATE	DIRECTOL	OC IN 10	
TITLE	PD		DENO AND DITE	DELETE	13.	1 F		ADDITIONS/CHANGES TO OF	ICENS AND	Change	Addition	
NAME	NYE, ANO	JOEA			1.2 NA						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
STREET ADDRESS							ADDRESS					
CITY-ST-ZIP							1 - ZIP					
TITLE	ST	VINNEL IE		☐ DELETE	2.1 TIT					Change	Addition	
NAME	NYE, WIL	HAM F.			22 NA	ME					ì	
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TITLE				☐ DELETE	61 TIT					☐ Change	☐ Addition	
NAME					6.2 NA	ME	ŀ					
STREET ADDRESS					6.3 STI	REET	ADORESS					
CITY-ST-ZIP					6.4 CIT	Y-SI	- ZIP					

14. Thereby 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.