

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

FILED

Apr 23 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # V58226 (4)
 1. Corporation Name
ABELES AND ANDERSON, P.A.

Principal Place of Business 5 W HIGHBANKS RD. DEBARY FL 32713	Mailing Address P. O. BOX 121 DEBARY FL 32713-0121 US
---	---



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/13/1992	3a. Date of Last Report 04/29/1996
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 59-3136572		Applied For Not Applicable	
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. Country	29. Country	30. Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent ABELES, DAVID E. 5 WEST HIGHBANKS RD. DEBARY FL 32713				10. Name and Address of New Registered Agent	
81. Name				82. Street Address (P.O. Box Number is Not Acceptable)	
83.				84. City	
				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 reappointing) DATE: _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE		11. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ABELES, DAVID			12. NAME			
STREET ADDRESS	750 LAKE WINNEMISSETT DRIVE			13. STREET ADDRESS			
CITY - ST - ZIP	DELAND FL			14. CITY - ST - ZIP			
TITLE	D	<input type="checkbox"/> DELETE		2.1. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ANDERSON, THERESA			2.2. NAME			
STREET ADDRESS	207 SUMMERLIN AVE.			2.3. STREET ADDRESS			
CITY - ST - ZIP	SANFORD FL			2.4. CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE		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		<input type="checkbox"/> DELETE		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		<input type="checkbox"/> DELETE		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		<input type="checkbox"/> DELETE		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 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 it changed, or on an attachment with an address.

SIGNATURE:  1-15-97 4076648511
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)