

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 14 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # 700121 (7)
 1. Corporation Name
ABILITIES INC OF FLORIDA



Principal Place of Business: **2735 WHITNEY ROAD CLEARWATER FL 34620**
 Mailing Address: **2735 WHITNEY ROAD CLEARWATER FL 34620**

3. Date Incorporated or Qualified: **11/06/1959**
 4. FEI Number: **59-0874493**
 Applied For: Not Applicable

2. Principal Place of Business: **21**
 Suite, Apt. #, etc.: **22**
 City & State: **23**
 Zip: **33760** Country: **24**

2a. Mailing Address: **26**
 Suite, Apt. #, etc.: **27**
 City & State: **28**
 Zip: **33760** Country: **30**

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
 6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
 7. Is this nonprofit corporation a homeowners association? Yes No
 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
SANDONATO, WILLIAM JR
2735 WHITNEY ROAD
CLEARWATER FL 34620

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	AT	1.1 TITLE
NAME	TITUS, GARY S.	1.2 NAME
STREET ADDRESS	2023-C S. CAROLINA AVE.	1.3 STREET ADDRESS
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP
TITLE	CD	2.1 TITLE
NAME	NEVILLE, MIKE	2.2 NAME
STREET ADDRESS	3250 SPANISH MOSS LANE	2.3 STREET ADDRESS
CITY-ST-ZIP	PALM HARBOR FL	2.4 CITY-ST-ZIP
TITLE	D	3.1 TITLE
NAME	BOYLE, JACK W.	3.2 NAME
STREET ADDRESS	7 N. PINE CR.	3.3 STREET ADDRESS
CITY-ST-ZIP	BELLEAIR FL	3.4 CITY-ST-ZIP
TITLE	DS	4.1 TITLE
NAME	STEWART, ROBERT B	4.2 NAME
STREET ADDRESS	7172 DR MLKING STREET S	4.3 STREET ADDRESS
CITY-ST-ZIP	ST PETERSBURG FL	4.4 CITY-ST-ZIP
TITLE	P	5.1 TITLE
NAME	SANDONATO, WILLIAM JR	5.2 NAME
STREET ADDRESS	1856 BARCELONA DRIVE	5.3 STREET ADDRESS
CITY-ST-ZIP	DUNEDIN FL	5.4 CITY-ST-ZIP
TITLE	D	6.1 TITLE
NAME	KELLER, PATRICK	6.2 NAME
STREET ADDRESS	2984 SANDPIPER PL	6.3 STREET ADDRESS
CITY-ST-ZIP	CLEARWATER FL	6.4 CITY-ST-ZIP

1.1 TITLE	AT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	BARNARD, RICHARD E.	
1.3 STREET ADDRESS	28647 FAIRWEATHER DR	
1.4 CITY-ST-ZIP	Wesley Chapel, FL 33543	
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	D/VC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ DATE: **2/18/98** (813) 538-7370
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone • 0002895

CR2E037 (10/97)