

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

FILED
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90114 016 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # F92984

1. Corporation Name
A.B.A. INDUSTRIES, INC.



Principal Place of Business
 10260 US HWY. 19 NORTH
 PINELLAS PARK FL 33782
 US

Mailing Address
 10260 US HWY. 19 NORTH
 PINELLAS PARK FL 34666

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
08/02/1982

4. FEI Number
23-1932238

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 owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

25

26

27

28

29

30

9. Name and Address of Current Registered Agent

~~PELUSO WILLIAM~~
~~10260 US HWY. 19 NORTH~~
~~PINELLAS PARK FL 34666~~

10. Name and Address of New Registered Agent

81 Name **GREGORY J. Michalik**

82 Street Address (P.O. Box Number is Not Acceptable)
10260 US Hwy 19 N

83

84 City **Pinellas Park** FL 85 Zip Code **33782**

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]* **GREGORY J. Michalik** *Treasurer/Secretary*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE DELETE

NAME ~~PELUSO, WILLIAM A~~

STREET ADDRESS ~~10260 U.S. HWY. 19 N.~~

CITY-ST-ZIP ~~PINELLAS PARK FL~~

TITLE DELETE

NAME **LABBE, GILLES**

STREET ADDRESS **755 THURBER STREET**

CITY-ST-ZIP **LONGUEIL, QUEBEC CA**

TITLE DELETE

NAME **BELANGER, REAL**

STREET ADDRESS **755 THURBER**

CITY-ST-ZIP **LONGUEUIL, QUEBEC, CA**

TITLE DELETE

NAME ~~HICKEY, ALAN~~

STREET ADDRESS ~~10260 US HWY 19 N~~

CITY-ST-ZIP ~~PINELLAS PARK FL~~

TITLE DELETE

NAME ~~MEREDITH, PATTY~~

STREET ADDRESS ~~10260 US HWY 19 N~~

CITY-ST-ZIP ~~PINELLAS PARK FL~~

TITLE DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition **PRESIDENT**

1.2 NAME **ALVIN E. COOK**

1.3 STREET ADDRESS **10260 US HWY 19 N**

1.4 CITY-ST-ZIP **PINELLAS PARK FL 33782**

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE Change Addition **Treasurer/Secretary**

4.2 NAME **GREGORY J. Michalik**

4.3 STREET ADDRESS **10260 US HWY 19 N**

4.4 CITY-ST-ZIP **PINELLAS PARK FL 33776**

5.1 TITLE Change Addition **Director**

5.2 NAME **Michael Davis**

5.3 STREET ADDRESS **10260 US HWY 19 N**

5.4 CITY-ST-ZIP **PINELLAS PARK FL 33776**

6.1 TITLE Change Addition **Vice President**

6.2 NAME **STEVEN BARNES**

6.3 STREET ADDRESS **10260 US HWY 19 N**

6.4 CITY-ST-ZIP **PINELLAS PARK FL 33776**

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **727-546-3571**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)