

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **K55327** (6)

1. Corporation Name
A-1 ABLE SERVICES, INC.



Principal Place of Business

2915 S.W. 2ND AVE
FT. LAUDERDALE FL 33315

Mailing Address

2915 S.W. 2ND AVE.
FT. LAUDERDALE FL 33315

2. Foreign Place of Business

21 State, Apt. #, etc.
22 City & State

23 Zip Country
24 25

2a. Mailing Address

26 Suite, Apt. #, etc.
27 City & State

28 Zip Country
29 30

9. Name and Address of Current Registered Agent

**KOPPANG, JUNE M.
2915 S.W. 2ND AVE.
FT. LAUDERDALE FL 33315**

3. Date Incorporated or Qualified 12/27/1988	3a. Date of Last Report 03/09/1995
4. FEI Number 59-2930409	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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 607.011(2) and 607.1505, 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 607.011(2), Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

12.1 TITLE	V	<input type="checkbox"/> DELETE
12.2 NAME	KOPPANG, DOUGLAS L. SR.	
12.3 STREET ADDRESS	2915 SW 2ND AVE	
12.4 CITY - ST. ZIP	FT. LAUDERDALE FL	
12.5 TITLE	PD	<input type="checkbox"/> DELETE
12.6 NAME	KOPPANG, JUNE M.	
12.7 STREET ADDRESS	2915 SW 2ND AVE	
12.8 CITY - ST. ZIP	FT LAUDERDALE FL	
12.9 TITLE		<input type="checkbox"/> DELETE
12.10 NAME		
12.11 STREET ADDRESS		
12.12 CITY - ST. ZIP		
12.13 TITLE		<input type="checkbox"/> DELETE
12.14 NAME		
12.15 STREET ADDRESS		
12.16 CITY - ST. ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2 NAME		
13.3 STREET ADDRESS		
13.4 CITY - ST. ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.5 TITLE		
13.6 NAME		
13.7 STREET ADDRESS		
13.8 CITY - ST. ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.9 TITLE		
13.10 NAME		
13.11 STREET ADDRESS		
13.12 CITY - ST. ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.13 TITLE		
13.14 NAME		
13.15 STREET ADDRESS		
13.16 CITY - ST. ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify 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. I am an officer or director of the corporation or the registered 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 Change) or on an attachment with an address.

SIGNATURE: *June M. Koppang*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/96
(954) 761-8893
DATE TIME

CR2E034 (12/95)