

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **L65610 (2)**

1. Corporation Name  
**H.A.B. ENTERPRISES INC.**



Principal Place of Business: **107 VALENCIA DRIVE, 118 VALENCIA DR, ISLAMORADA FL 33036 US**  
Mailing Address: **107 VALENCIA DRIVE, 118 VALENCIA DR, ISLAMORADA FL 33036 US**

3. Date Incorporated or Qualified: **04/13/1990**  
3a. Date of Last Report: **01/31/1995**  
4. FEI Number: **65-0185244**  
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 has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Sube. Apt. #, etc., City & State, Zip, and Country.

9. Name and Address of Current Registered Agent

**RICHARDSON, JOHN HARLAN  
118 VALENCIA DR  
ISLAMORADA FL 33036**

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable): **107 VALENCIA DRIVE**  
83  
84 City: **ISLAMORADA** FL 85 Zip Code: **33036**

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 of person or persons authorized to sign this statement. (Title, Position, Name, and Signature of person or persons) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	RICHARDSON, JOHN HARLAN	
STREET ADDRESS	118 VALENCIA DR	
CITY-STATE-ZIP	ISLAMORADA FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	RICHARDSON, ABBIE	
STREET ADDRESS	118 VALENCIA DR	
CITY-STATE-ZIP	ISLAMORADA FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	RICHARDSON, CLIFFORD	
STREET ADDRESS	118 VALENCIA DR	
CITY-STATE-ZIP	ISLAMORADA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-ZIP	

14. I do hereby 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; 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.

SIGNATURE:

*Abbie Richardson* Abbie Richardson 3/4/96 305-664-2048

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)