

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

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 JAN 27 PM 4: 23

DOCUMENT # **L66812** (3)

1. Corporation Name  
**ABET ENTERPRISES, INC.**

Principal Place of Business Mailing Address  
5967 SW 21ST ST. 5967 SW 21ST ST.  
HOLLYWOOD FL 33023 HOLLYWOOD FL 33023

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 04/18/1990 3a. Date of Last Report 02/11/1994

4. FEI Number 65-0184813 Applied For Not Applicable

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 2a. Mailing Address  
21 5815 S.W. 21st Street 26 P.O. Box 5118  
22 Subt. Apt. #, etc. 27 Subt. Apt. #, etc.  
23 City & State W. Hollywood, FL 28 City & State W. Hollywood, FL  
24 Zip 33023 25 Country 29 Zip 33083 30 Country

9. Name and Address of Current Registered Agent  
**ADAMS, ROY F., SR**  
**900 WEST SHERIDAN ST.**  
**SUITE 104**  
**PEMBROKE PINES FL 33024**

10. Name and Address of New Registered Agent  
81 Name **ADAMS, ROY F., SR**  
82 Street Address (P.O. Box Number is Not Acceptable) **9000 West Sheridan Street**  
83 **Suite 170**  
84 City **Pembroke Pines** FL 85 Zip Code **33024**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and 1414 if applicable. (NOTE: Registered Agent signature required when reconstituting)

12. OFFICERS AND DIRECTORS

TITLE	DPV
NAME	SEWALL, ROBERT G.
STREET ADDRESS	5967 SW 21ST ST.
CITY - ST - ZIP	HOLLYWOOD FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DPV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SEWALL, ROBERT G.	
1.3 STREET ADDRESS	5815 SW 21ST ST.	
1.4 CITY - ST - ZIP	HOLLYWOOD, FL 33023	
2.1 TITLE		<input 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		<input 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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - 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 110.07(3)(b), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an affidavit.

SIGNATURE: Robert Sewall 1-23-95 305-962-0970  
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR Date (Type in Parentheses)