

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

APPROVED AND FILED

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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99 JUN -9 AM 10:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P98000009581**

1. Corporation Name  
**I ABC, INC.**

**000002905018--C**  
**-06/15/99--01050--016**  
**\*\*\*\*600.00 \*\*\*\*150.00**

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address (SAME)  
**3801 N. UNIVERSITY DRIVE SUITE 317**  
**SUNRISE, FL. 33351**

3. Date Incorporated or Qualified <b>1/26/98</b>	4. FEI Number <b>65-0819995</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No		

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent

**SHERMAN, DAVID A**  
**3801 N. UNIVERSITY DR. #317**  
**SUNRISE, FL. 33351**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	<b>FL</b>
83	
84 City	

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	14 TITLE	15 NAME
	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>PD</b>	<b>SHERMAN, DAVID A.</b>	12 NAME	
<b>4470 N.W. 74 AVENUE</b>		13 STREET ADDRESS	
<b>LAUDERHILL, FL. 33319</b>		14 CITY- ST- ZIP	
	<input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		22 NAME	
		23 STREET ADDRESS	
		24 CITY- ST- ZIP	
	<input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		32 NAME	
		33 STREET ADDRESS	
		34 CITY- ST- ZIP	
	<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		42 NAME	
		43 STREET ADDRESS	
		44 CITY- ST- ZIP	
	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		52 NAME	
		53 STREET ADDRESS	
		54 CITY- ST- ZIP	
	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		62 NAME	
		63 STREET ADDRESS	
		64 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 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: **DAVID A. SHERMAN** (954) 747-6815

CR2E034 (11/98)

(2)

# Cambels Benefits Group, Inc.

June 9, 1999

Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

RE: CAMBELS BENEFITS GROUP, INC. 65-0727679  
FINANCIAL SYNERGIES, INC. 65-0787800  
INTERNATIONAL ASSOCIATION OF BARTENDERS & SERVERS, INC. 65-0787793  
IABC 65-0819995

Gentlemen:

Enclosed please find our check #2441 in the amount of \$600.00 to cover the filing fees for the above corporation.

We had mailed the forms prior to the May 1st deadline and when the checks did not clear our bank we call your office for confirmation of receipt at which time we were told that they had not been received. I spoke with a Ms. Sellers who has documented our conversation and mailed us the enclosed (copy attached), and who said I could mail in the check for the \$150.00 per company and include a photo copy of our original forms.

I hope that this is satisfactory to keep our companies registered with the state.

Thank you.

Sincerely,

  
David A. Sherman