

**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

APPROVED  
AND  
FILED

95 MAY -1 PM 11:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **674774** (5)  
1. Corporation Name  
**AMERICAN BUSINESS COMPUTERS CORPORATION**

Principal Place of Business Mailing Address  
**451 KENNEDY ROAD AKRON OH 44305**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **06/25/1980** 3a. Date of Last Report **08/18/1994**

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

4. FEI Number **59-2001203** 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 intangibility tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**BERGERON, LOUIS H  
12010 FRUITWOOD DRIVE  
RIVERVIEW FL 33569**

10. Name and Address of New Registered Agent  
B1 Name  
B2 Street Address (P.O. Box Number is Not Acceptable)  
B3  
B4 City **FL** B5 Zip Code

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 Louis H. BERGERON DATE 4-25-95  
Signature (typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>C</b>	1.1 TITLE	<b>CHAIRMAN OF THE BOARD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SHANNON, JOSEPH W.</b>	1.2 NAME	<b>PEARLMAN, HERB</b>
STREET ADDRESS	<b>451 KENNEDY RD.</b>	1.3 STREET ADDRESS	<b>SAME</b>
CITY - ST - ZIP	<b>AKRON OH</b>	1.4 CITY - ST - ZIP	
TITLE	<b>CVST</b>	2.1 TITLE	<b>TREASURER</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SALHANY, GARY T.</b>	2.2 NAME	
STREET ADDRESS	<b>451 KENNEDY RD.</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>AKRON OH</b>	2.4 CITY - ST - ZIP	
TITLE	<b>D</b>	3.1 TITLE	<b>SECRETARY</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>SMOLEV, STEVEN</b> <i>ok</i>	3.2 NAME	<b>LERNER, Bill</b>
STREET ADDRESS	<b>451 KENNEDY RD</b>	3.3 STREET ADDRESS	<b>SAME</b>
CITY - ST - ZIP	<b>AKRON OH</b>	3.4 CITY - ST - ZIP	
TITLE	<b>D</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MICHAELS, C. RANDY</b> <i>ok</i>	4.2 NAME	
STREET ADDRESS	<b>451 KENNEDY ROAD</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>AKRON OH</b>	4.4 CITY - ST - ZIP	
TITLE	<b>D</b>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LUXENBURG, HERBERT L.</b> <i>ok</i>	5.2 NAME	
STREET ADDRESS	<b>451 KENNEDY ROAD</b>	5.3 STREET ADDRESS	
CITY - ST - ZIP	<b>AKRON OH</b>	5.4 CITY - ST - ZIP	
TITLE	<b>D</b>	6.1 TITLE	<b>PRESIDENT / DIRECTOR</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CUTTING ROBERT A.</b>	6.2 NAME	
STREET ADDRESS	<b>451 KENNEDY ROAD</b>	6.3 STREET ADDRESS	
CITY - ST - ZIP	<b>AKRON OH</b>	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 119.07(3)(4), 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 by or in attachment with this address.

SIGNATURE: Robert A. Cutting President 4/25/95 316 733-2841  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR