

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

FILED
Mar 29 1996 8:00 am
Secretary of State

DOCUMENT # **674774 (5)**

1. Corporation Name
AMERICAN BUSINESS COMPUTERS CORPORATION

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



2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

3. Date Incorporated or Qualified: **06/25/1980**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **59-2001203**
5. Certificate of Status Desired:
6. Election Campaign Financing Trust Fund Contribution:
8. This corporation has liability for intangible 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
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code: **FL**

11. Pursuant to the provisions of Sections 607.002 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 607.002, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	C	<input type="checkbox"/> DELETE
NAME	PEARLMAN, HERB	
STREET ADDRESS	451 KENNEDY RD.	
CITY-ST-ZIP	AKRON OH	
TITLE	T	<input type="checkbox"/> DELETE
NAME	SALHANY, GARY T.	
STREET ADDRESS	451 KENNEDY RD.	
CITY-ST-ZIP	AKRON OH	
TITLE	S	<input type="checkbox"/> DELETE
NAME	LENER, BILL	
STREET ADDRESS	451 KENNEDY RD	
CITY-ST-ZIP	AKRON OH	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MICHAELS, C. RANDY	
STREET ADDRESS	451 KENNEDY ROAD	
CITY-ST-ZIP	AKRON OH	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LUXENBURG, HERBERT L.	
STREET ADDRESS	451 KENNEDY ROAD	
CITY-ST-ZIP	AKRON OH	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	CUTTING ROBERT A.	
STREET ADDRESS	451 KENNEDY ROAD	
CITY-ST-ZIP	AKRON OH	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. TITLE	
6. NAME	
7. STREET ADDRESS	
8. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
9. TITLE	
10. NAME	
11. STREET ADDRESS	
12. CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
13. TITLE	
14. NAME	
15. STREET ADDRESS	
16. CITY-ST-ZIP	
17. TITLE	
18. NAME	
19. STREET ADDRESS	
20. CITY-ST-ZIP	

ADD A 5TH DIRECTOR:
D
JOHN E. STIEGLITZ
451 KENNEDY ROAD
AKRON, OH

14. I do hereby certify that the information supplied with this filing is correctly furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information included on this annual report or supplementary 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 oversee this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13, unchanged, or on an addition, in the following address.

SIGNATURE: *Carroll Volney, Treasurer*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/96 (330) 733-2841

CR2E034 (12/95)