


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

FILED
Jan 23 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 828907 (6)

1. Corporation Name
ABS INTEGRATED SERVICES, INC.



Principal Place of Business 16855 N CHASE DR HOUSTON TX 77060 US	Mailing Address TWO WORLD TRADE CENTER, 106TH FLOOR NEW YORK NY 10048
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/27/1972	
21	26	4. FEI Number 13-2695912		Applied For Not Applicable	
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Zip	25. Country	29. Zip	30. Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301				10. Name and Address of New Registered Agent	
				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				FL	85 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P PERINNE, BERNARD M	1.2 NAME	VICE PRESIDENT
STREET ADDRESS	1707 WANDER HILL DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	SPRING TX	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	S BAUERLE, ROBERT J	2.2 NAME	S BAUERLE, ROBERT J.
STREET ADDRESS	5714 VESTAMA DR	2.3 STREET ADDRESS	6377 COMAL GABLES
CITY-ST-ZIP	HOUSTON TX 77069	2.4 CITY-ST-ZIP	HOUSTON, TEXAS 77069
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AS VORBACH, JOSEPH E	3.2 NAME	
STREET ADDRESS	927 HUDSON STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	HOBOKEN NJ 77056	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	C / DIRECTOR IAROSI, FRANK J	4.2 NAME	CHAIRMAN / DIRECTOR IAROSI, FRANK J.
STREET ADDRESS	121 N. POST OAK LANE 608	4.3 STREET ADDRESS	15 WEST TERRACE PLAZA
CITY-ST-ZIP	HOUSTON TX	4.4 CITY-ST-ZIP	HOUSTON, TEXAS 77007
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	T BAUERLE, ROBERT J	5.2 NAME	T BAUERLE, ROBERT J.
STREET ADDRESS	5714 VESTAMA DR	5.3 STREET ADDRESS	6377 COMAL GABLES
CITY-ST-ZIP	HOUSTON TX 77069	5.4 CITY-ST-ZIP	HOUSTON, TEXAS 77069
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRESIDENT / DIRECTOR WIENICKI, CHRISTOPHER J.	6.2 NAME	
STREET ADDRESS	2 WEST SHAKER CT.	6.3 STREET ADDRESS	
CITY-ST-ZIP	THE WOODLANDS, TEXAS 77361	6.4 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.

SIGNATURE: *Robert J. Bauerle* 1/16/98 311-830-5102

CR2E034 (10/97)