

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F90501 (0)

1. Corporation Name
ADVANCED BUSINESS PRODUCTS, INC.



Principal Place of Business: **2539 COOLIDGE AVENUE ORLANDO FL 32804**
Mailing Address: **2539 COOLIDGE AVENUE ORLANDO FL 32804**

3. Date Incorporated or Qualified: **07/13/1982**
3a. Date of Last Report: **04/27/1995**

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FEI Number	Applied For
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	29	Zip	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Country		Country			

9. Name and Address of Current Registered Agent

**ACORD, LARRY J
3310 E ESTHER ST
ORLANDO FL 32806**

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	PTD <input type="checkbox"/> DELETE	1. 1 TITLE	Vice President, Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ACORD, LARRY J	1. 2 NAME	
STREET ADDRESS	3310 E ESTHER ST	1. 3 STREET ADDRESS	
CITY - ST - ZIP	ORLANDO FL	1. 4 CITY - ST - ZIP	
TITLE	STD <input type="checkbox"/> DELETE	2. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHAPMAN, HOPE M.	2. 2 NAME	
STREET ADDRESS	3310 E ESTHER ST	2. 3 STREET ADDRESS	
CITY - ST - ZIP	ORLANDO FL	2. 4 CITY - ST - ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	3. 1 TITLE	President, Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAWSON, BILL	3. 2 NAME	
STREET ADDRESS	3463 EDGEWATER DR	3. 3 STREET ADDRESS	
CITY - ST - ZIP	ORLANDO FL	3. 4 CITY - ST - ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	4. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BETTERIDGE, HAROLD	4. 2 NAME	
STREET ADDRESS	10012 TRILLIUMS DR	4. 3 STREET ADDRESS	
CITY - ST - ZIP	ORLANDO FL	4. 4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5. 1 TITLE	Vice President, Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5. 2 NAME	Campbell, David
STREET ADDRESS		5. 3 STREET ADDRESS	10977 Chokecherry Dr.
CITY - ST - ZIP		5. 4 CITY - ST - ZIP	Winter Springs, FL 32708
TITLE	<input type="checkbox"/> DELETE	6. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6. 2 NAME	
STREET ADDRESS		6. 3 STREET ADDRESS	
CITY - ST - ZIP		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)(k), 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: Bill Lawson Bill Lawson 4-15-96 407/422-7437
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)