

**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 # P24286 (7)**

1. Corporation Name  
**AMERICAN BUSINESS PROMOTIONS, A DIVISION OF AMERICAN BUSINESS FORMS, INCORPORATED**



Principal Place of Business      Mailing Address  
**31 EAST MINNESOTA AVENUE  
GLENWOOD MN 56334**      **31 EAST MINNESOTA AVENUE  
GLENWOOD MN 56334**

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		29	
25		30	

3. Date Incorporated or Qualified <b>05/11/1989</b>	3a. Date of Last Report <b>05/01/1995</b>
4. FCI Number <b>41-1393684</b>	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

**9. Name and Address of Current Registered Agent**

**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature is placed when not at filing)

(DATE)

**12. OFFICERS AND DIRECTORS**

TITLE	<b>PTD</b>	<input type="checkbox"/> DELETE
NAME	<b>ZAVADIL, LARRY A.</b>	
STREET ADDRESS	<b>228 1ST AVE. SE</b>	
CITY-ST-ZIP	<b>GLENWOOD MN</b>	
TITLE	<b>VS</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>ZAVADIL, DIANE</b>	
STREET ADDRESS	<b>RURAL RT. 10 BOX 310</b>	
CITY-ST-ZIP	<b>GLENWOOD MN</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>BRIGGS, CURT</b>	
STREET ADDRESS	<b>500 SHOREWOOD DR.</b>	
CITY-ST-ZIP	<b>DETROIT LAKES FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>OBENLAND, BRUCE</b>	
STREET ADDRESS	<b>R.R. 2</b>	
CITY-ST-ZIP	<b>GLENWOOD MN</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>STAI, MICHAEL</b>	
STREET ADDRESS	<b>1055 W. HWY 28</b>	
CITY-ST-ZIP	<b>GLENWOOD MN</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>DEPREE, DONALD</b>	
STREET ADDRESS	<b>217 38TH AVE. CIRCLE SO.</b>	
CITY-ST-ZIP	<b>MOORHEAD MN</b>	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/96

Fee - 862 - 3690  
Determine Fee #

CR2E034 (12/95)