

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

PROFIT CORPORATION ANNUAL REPORT 1995



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

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

DOCUMENT # P25434 (2)

95 JUN 16 AM 11:25

1. Corporation Name
ABS PUMPS, INC.

Principal Place of Business Mailing Address
140 POND VIEW DR. MERIDEN CT 06450

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **07/27/1989** 3a. Date of Last Report **04/04/1994**

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

4. FEI Number **06-1013926** 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 intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**MARTIN, COLIN
949 SHADICK DR.
ORANGE CITY FL 32763**

10. Name and Address of New Registered Agent
B1 Name **JOSEPH FELL**
B2 Street Address (P.O. Box Number is Not Acceptable) **949 SHADICK DR**
B3
B4 City **ORANGE CITY** FL B5 Zip Code **32763**

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 *Joseph Fell*
(Signature must be of registered agent and the fee applicable)

(Signature of Registered Agent required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	CARAPEZZI, WILLIAM R.
STREET ADDRESS	8 HARBOR VIEW
CITY ST ZIP	STRATFORD CT
TITLE	V
NAME	SMITH, ALFRED G.
STREET ADDRESS	30 COACH RD.
CITY ST ZIP	GLASTONBURY CT
TITLE	S
NAME	GLAZER, STEPHEN
STREET ADDRESS	76 LOUISE'S LANE
CITY ST ZIP	NEW CANNAN CT
TITLE	V
NAME	ASSESSOR, GERALD A.
STREET ADDRESS	21 NORTH POND RD.
CITY ST ZIP	CHESHIRE CT
TITLE	AS
NAME	SITTNICK, PRISCILLA
STREET ADDRESS	145 HARBOR POND RD.
CITY ST ZIP	MERIDEN CT
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
62 NAME	CONTROLLER (T)
63 STREET ADDRESS	JEFFREY C DAVIS
64 CITY - ST - ZIP	46 RIVER VIEW CT CHESHIRE, CT. 06410

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)(b), 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: *Joseph Fell*
(Signature and typed or printed name of signing officer or director)

6/6/95

203-238-2700

CR2E034 (3/95)