

**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 # **P25434** (2)  
1. Corporation Name  
**ABS PUMPS, INC.**



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

3. Date Incorporated or Qualified **07/27/1989** 3a. Date of Last Report **06/16/1995**  
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

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Zip Country 29 Country 30

g. Name and Address of Current Registered Agent  
**FELL, JOSEPH  
949 SHADICK DR  
ORANGE CITY FL 32763**  
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 filed at application) (NOT - Registered Agent signature required when re-filing) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARAPEZZI, WILLIAM R.	1.2 NAME	
STREET ADDRESS	8 HARBOR VIEW	1.3 STREET ADDRESS	
CITY-ST-ZIP	STRATFORD CT	1.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, ALFRED G.	2.2 NAME	
STREET ADDRESS	30 COACH RD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	GLASTONBURY CT	2.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GLAZER, STEPHEN	3.2 NAME	
STREET ADDRESS	76 LOUISE'S LANE	3.3 STREET ADDRESS	
CITY-ST-ZIP	NEW CANNAN CT	3.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ASSESSOR, GERALD A.	4.2 NAME	
STREET ADDRESS	21 NORTH POND RD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	CHESHIRE CT	4.4 CITY-ST-ZIP	
TITLE	AS <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SITTNICK, PRISCILLA	5.2 NAME	
STREET ADDRESS	145 HARBOR POND RD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	MERIDEN CT	5.4 CITY-ST-ZIP	
TITLE	CT <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, JEFFREY C	6.2 NAME	
STREET ADDRESS	40 RIVER VIEW CT	6.3 STREET ADDRESS	
CITY-ST-ZIP	CHESHIRE CT	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: 3/22/96 203-238-2700  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: (Telephone) Phone #

CR2E034 (12/95)