

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

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**Apr 09 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P25434 (2)

1. Corporation Name
ABS PUMPS, INC.



Principal Place of Business 140 POND VIEW DR. MERIDEN CT 06450	Mailing Address 140 POND VIEW DR. MERIDEN CT 06450-7142
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 07/27/1989	3a. Date of Last Report 04/09/1996
21	26	4. FEI Number 06-1013926	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
		7. 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		10. Name and Address of New Registered Agent	
FELL, JOSEPH 949 SHADICK DR ORANGE CITY FL 32783		81 Name PAUL ROBINSON	85 Zip Code 32783
		82 Street Address (P.O. Box Number is Not Acceptable) 949 SHADICK DR	
		83	
		84 City ORANGE CITY	85 FL

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: *Paul Robinson* **Paul Robinson** DATE: **4/2/97**

(NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	CARAPEZZI, WILLIAM R. <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	8 HARBOR VIEW	1.2 NAME	
STREET ADDRESS	STRATFORD CT	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE V	SMITH, ALFRED G. <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	30 COACH RD.	2.2 NAME	
STREET ADDRESS	GLASTONBURY CT	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE S	GLAZER, STEPHEN <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	76 LOUISE'S LANE	3.2 NAME	
STREET ADDRESS	NEW CANNAN CT	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE V	ASSESSOR, GERALD A. <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	21 NORTH POND RD.	4.2 NAME	
STREET ADDRESS	CHESHIRE CT	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE AS	SITTNICK, PRISCILLA <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	145 HARBOR POND RD.	5.2 NAME	
STREET ADDRESS	MERIDEN CT	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE CT	DAVIS, JEFFREY C <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	40 RIVER VIEW CT	6.2 NAME	
STREET ADDRESS	CHESHIRE CT	6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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, unchanged, or in an attachment with an address.

SIGNATURE: *Jeffrey C. Davis* **JEFFREY C. DAVIS** DATE: **3/3/97** DAYTIME PHONE: **203-238-2700**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)