FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 PM 11:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P33384** **(9)**

1. Corporation Name
ABRA CADABRA SOFTWARE, INC.

Principal Place of Business	Mailing Address
ABRA CADABRA 888 EXECUTIVE CENTER DR. W., STE. 300 ST. PETERSBURG FL 33702	ABRA CADABRA 888 EXECUTIVE CENTER DR. W., STE. 300 ST. PETERSBURG FL 33702

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/01/1991
3a. Date of Last Report: 11/04/1994

2. Principal Place of Business	2a. Mailing Address
21 888 Executive Center Drive	26 888 Executive Center Drive
Suite, Apt. #, etc. 22 Ste. 300	Suite, Apt. #, etc. 27 Ste 300
City & State 23 St. Petersburg FL	City & State 28 St. Petersburg FL
Zip / Country 24 33702 / 25	Zip / Country 29 33702 / 30

4. FEI Number: 52-1722727 ☐ 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	10. Name and Address of New Registered Agent
ODOM, WILLIAM C JR. 888 EXECUTIVE CENTER DRIVE W. STE. 300 ST. PETERSBURG FL 33702	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: William C Jr. Odom — 3/30/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when name is changed) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	FOSTER, JAMES F	12 NAME	
STREET ADDRESS	888 EXECUTIVE CENTER DRIVE W. STE. 300	13 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL 33702	14 CITY-ST-ZIP	
TITLE	S	21 TITLE	☐ Change ☐ Addition
NAME	REBACK, SHELLEY W	22 NAME	
STREET ADDRESS	11413 ISAAC NEWTON SQ.	23 STREET ADDRESS	
CITY-ST-ZIP	RESTON VA	24 CITY-ST-ZIP	
TITLE	TD	31 TITLE	☐ Change ☐ Addition
NAME	RANELLI, MELODY	32 NAME	
STREET ADDRESS	11413 ISAAC NEWTON SQ	33 STREET ADDRESS	
CITY-ST-ZIP	RESTON VA	34 CITY-ST-ZIP	
TITLE	AT	41 TITLE	☐ Change ☐ Addition
NAME	ODOM, WILLIAM C JR.	42 NAME	
STREET ADDRESS	888 EXECUTIVE CENTER DR. W., STE. 300	43 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL 33702	44 CITY-ST-ZIP	
TITLE	CD	51 TITLE	☐ Change ☐ Addition
NAME	PETERSEN, JAMES F	52 NAME	
STREET ADDRESS	11413 ISAAC NEWTON SQ.	53 STREET ADDRESS	
CITY-ST-ZIP	RESTON VA	54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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)(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 if changed, or on an attachment with an address.

SIGNATURE: W.C. Odom Jr. — 3/30/95 — (813) 574-4160
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0310966 CP