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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P33384

(9)

1. Corporation Name

ABRA CADABRA SOFTWARE, INC.



Principal Place of Business

888 EXECUTIVE CENTER DRIVE
300
ST. PETERSBURG FL 33702
US

Mailing Address

888 EXECUTIVE CENTER DRIVE
300
ST. PETERSBURG FL 33702
US

3. Date Incorporated or Qualified

04/01/1991

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

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

JAMES F. FOSTER

82

Street Address (P.O. Box Numbers Not Acceptable)

888 Executive Center Drive W., STE 300

83

84

City

ST PETERSBURG

FL

85

Zip Code

33702

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]

Signature of Registered Agent (if not the corporation's officer or director)

Signature of Registered Agent (if not the corporation's officer or director)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME

12 NAME

STREET ADDRESS

13 STREET ADDRESS

CITY-STATE-ZIP

14 CITY-STATE-ZIP

2. TITLE ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

NAME

22 NAME

STREET ADDRESS

23 STREET ADDRESS

CITY-STATE-ZIP

24 CITY-STATE-ZIP

3. TITLE ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME

32 NAME

STREET ADDRESS

33 STREET ADDRESS

CITY-STATE-ZIP

34 CITY-STATE-ZIP

4. TITLE ☒ DELETE

4.1 TITLE ☐ Change ☒ Addition

NAME

42 NAME

STREET ADDRESS

43 STREET ADDRESS

CITY-STATE-ZIP

44 CITY-STATE-ZIP

5. TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME

52 NAME

STREET ADDRESS

53 STREET ADDRESS

CITY-STATE-ZIP

54 CITY-STATE-ZIP

6. TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME

62 NAME

STREET ADDRESS

63 STREET ADDRESS

CITY-STATE-ZIP

64 CITY-STATE-ZIP

7. TITLE ☐ DELETE

7.1 TITLE ☐ Change ☐ Addition

NAME

72 NAME

STREET ADDRESS

73 STREET ADDRESS

CITY-STATE-ZIP

74 CITY-STATE-ZIP

8. TITLE ☐ DELETE

8.1 TITLE ☐ Change ☐ Addition

NAME

82 NAME

STREET ADDRESS

83 STREET ADDRESS

CITY-STATE-ZIP

84 CITY-STATE-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: X

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID BOSSERMAN

2/2/96

7037095200

Date

Telephone Number

CR2E034 (12/95)