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Feb 11 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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 33702-2499, US

2. Principal Place of Business (21-23) and 2a. Mailing Address (24-30) fields.

3. Date Incorporated or Qualified: 04/01/1991
3a. Date of Last Report: 02/13/1996
4. FEI Number: 52-1722727
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: FOSTER, JAMES F, 888 EXECUTIVE CENTER DRIVE WEST, SUITE 300, ST. PETERSBURG FL 33702
10. Name and Address of New Registered Agent (81-85) fields.

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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	FOSTER, JAMES F	1.2 NAME	
STREET ADDRESS	888 EXECUTIVE CENTER DRIVE W. STE. 300	1.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL 33702	1.4 CITY-ST-ZIP	
TITLE	S	2.1 TITLE	
NAME	REBACK, SHELLEY W	2.2 NAME	
STREET ADDRESS	11413 ISAAC NEWTON SQ.	2.3 STREET ADDRESS	
CITY-ST-ZIP	RESTON VA	2.4 CITY-ST-ZIP	RESTON VA 20190
TITLE	TD	3.1 TITLE	
NAME	RANELLI, MELODY	3.2 NAME	
STREET ADDRESS	11413 ISAAC NEWTON SQ	3.3 STREET ADDRESS	
CITY-ST-ZIP	RESTON VA	3.4 CITY-ST-ZIP	
TITLE	AT	4.1 TITLE	
NAME	BOSSERMAN, DAVID	4.2 NAME	
STREET ADDRESS	11413 ISAAC NEWTON SQUARE	4.3 STREET ADDRESS	
CITY-ST-ZIP	RESTON VA	4.4 CITY-ST-ZIP	RESTON VA 20190
TITLE	CD	5.1 TITLE	
NAME	PETERSEN, JAMES F	5.2 NAME	
STREET ADDRESS	11413 ISAAC NEWTON SQ.	5.3 STREET ADDRESS	
CITY-ST-ZIP	RESTON VA	5.4 CITY-ST-ZIP	
TITLE	CD	6.1 TITLE	
NAME	DAVENPORT, TIMOTHY A.	6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	RESTON VA 20190

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 if changed, or on an attachment with an address.

SIGNATURE: [Signature] 1/27/97 703-709-5200

CR2E034 (9/96)