

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT #

PG4000067741

1. Corporation Name

ABCD - ROM INCORPORATED

Principal Place of Business

Mailing Address



2. Principal Place of Business

2a. Mailing Address

21 1189 LODGE CIRCLE

26 1189 LODGE CIRCLE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 SPRING HILL FL

28 SPRING HILL FL

Zip

Country

Zip

Country

24 34606

25 HERNANDO

29 34606

30 HERNANDO

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

9/15/94

3a. Date of Last Report

5/1/95

4. FEI Number

59-326-0717

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

10. Name and Address of New Registered Agent

PERUGINI, PAUL L
6601 CORVETTE DRIVE #3613
1189 LODGE CIRCLE
SPRING HILL FL 34608
BOB RICHLEY

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 607.0506, Florida Statutes.

SIGNATURE

Paul L. Perugini

7/20/96

12. OFFICERS AND DIRECTORS

| | |
|-----------------|---------------------------------|
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> DELETE |
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| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|---------------------|------------------------------------------------------------------------------|
| 1. TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2. NAME | |
| 3. STREET ADDRESS | |
| 4. CITY - ST - ZIP | |
| 5. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6. NAME | |
| 7. STREET ADDRESS | |
| 8. CITY - ST - ZIP | |
| 9. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 10. NAME | |
| 11. STREET ADDRESS | |
| 12. CITY - ST - ZIP | |
| 13. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 14. NAME | |
| 15. STREET ADDRESS | |
| 16. CITY - ST - ZIP | |
| 17. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 18. NAME | |
| 19. STREET ADDRESS | |
| 20. CITY - ST - ZIP | |

CHANGE NEW

PRESIDENT, PERUGINI, PAUL L
1189 LODGE CIRCLE
SPRING HILL, FL 34606

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-08/01/96--01061--006
***233.75

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)(a), 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:

Paul L. Perugini

7/20/96

352-683-5950

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)