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Apr 04 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 # P95000060920 (2)

1. Corporation Name
ABUNDANT BLESSINGS, INC.



Principal Place of Business: 7700 43RD ST N, 12064 ESCOBAR PLACE APT 5, PINELLAS PARK FL 33781, US

Mailing Address: 7700 43RD ST N, 12064 ESCOBAR PLACE APT 5, PINELLAS PARK FL 33781-3657, US

3. Date Incorporated or Qualified: 07/27/1995
3a. Date of Last Report: 07/15/1996

4. FEI Number: 59-3411388
APPLIED FOR

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

2. Principal Place of Business

21. 200 49th Street North
22. Suite, Apt #, etc.
23. St. Petersburg, Florida
24. 33710
25. U.S.A.

2a. Mailing Address

26. 200 49th Street North
27. Suite, Apt #, etc.
28. St. Petersburg, Florida
29. 33710
30. U.S.A.

9. Name and Address of Current Registered Agent
PAUN, ROBERT
7700 43RD ST N
PINELLAS PARK FL 33781

10. Name and Address of New Registered Agent

61. Name: Robert Paun
62. Street Address (P.O. Box Number is Not Acceptable): 200 49 Street North
63.
64. City: St. Petersburg FL
65. Zip Code: 33710

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	P
NAME	PAUN, ROBERT W	1.2 NAME	PAUN, ROBERT W
STREET ADDRESS	7700 43RD ST N	1.3 STREET ADDRESS	200 49th Street North
CITY-ST-ZIP	PINELLAS PARK FL	1.4 CITY-ST-ZIP	St. Petersburg, Florida
TITLE	ST	2.1 TITLE	ST
NAME	PAUN, ELLEN	2.2 NAME	PAUN, ELLEN
STREET ADDRESS	7700 43RD ST N	2.3 STREET ADDRESS	200 49th Street North
CITY-ST-ZIP	PINELLAS PARK FL	2.4 CITY-ST-ZIP	St. Petersburg, Florida
TITLE	D	3.1 TITLE	D
NAME	PAUN, MARK	3.2 NAME	PAUN, MARK
STREET ADDRESS	7700 43RD ST N	3.3 STREET ADDRESS	200 49th Street North
CITY-ST-ZIP	PINELLAS PARK FL	3.4 CITY-ST-ZIP	St. Petersburg, Florida
TITLE	D	4.1 TITLE	D
NAME	PAUN, JENNIFER	4.2 NAME	PAUN, JENNIFER
STREET ADDRESS	7700 43RD ST N	4.3 STREET ADDRESS	200 49th Street North
CITY-ST-ZIP	PINELLAS PARK FL	4.4 CITY-ST-ZIP	St. Petersburg, Florida
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		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 if changed, or on an attachment with an address.

SIGNATURE: Robert W. Paun DATE: April 1997 DAYTIME PHONE #: (813) 547-5547

CR2E034 (9/96)