

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **F95000001361 (3)**

1. Corporation Name
ABRACON CORPORATION



Principal Place of Business: **1010 CALLE CORDILLERA #103 SAN CLEMENTE CA 92673**
Mailing Address: **1010 CALLE CORDILLERA #103 SAN CLEMENTE CA 92673**

3. Date Incorporated or Qualified: **03/22/1995**
3a. Date of Last Report

2. Principal Place of Business
21 **125 Columbia**
Suite, Apt. #, etc. **B**
City & State **Aliso Viejo, CA**
Zip **92656** Country **USA**
22 **B**
23 **Aliso Viejo, CA**
24 **92656** 25 **USA**
26 **PO Box 3080**
Suite, Apt. #, etc.
27
City & State **Laguna Hills, CA**
28 **Laguna Hills, CA**
Zip **92654-3080** Country **USA**
29 **92654-3080** 30 **USA**

4. FEI Number: **33-0515033**
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

RYNKEWICZ, MIKE
9500 SATELLITE BLVD, STE 180
ORLANDO FL 32837

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): **10781 Satellite Blvd**
83
84 City: **Orlando** FL 85 Zip Code: **32837**

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 re-appointing

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
PCD	POLLEY, CHRIS	420 SANTA BARBARA #A	SAN CLEMENTE CA	<input type="checkbox"/>
VD	TRUSLAK, JEFF	109 CORONADO LANE #2	SAN CLEMENTE CA	<input type="checkbox"/>
SD	BEBOUT, DON	28202 COULTER MISSION VIEJO CA		<input type="checkbox"/>
D	NESSER, BENJAMIN	420 MONTEREY #3A	SAN CLEMENTE CA	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY - ST - ZIP	Change	Addition
		51 woodhaven dr	LAGUNA NIGUEL, CA 92677	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		24972 WIKES RD.	LAGUNA HILLS, CA 92653	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		22742 cottonwood	92692	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		415 clyde ave. #107	MOUNTAIN VIEW, CA 94043	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: **Don Bebout** DON BEBOUT **4/29/96** 714-448-7070
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)