

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 # **H06073** (1)

1. Corporation Name
ABC VENTURES, INC.



Principal Place of Business: **101 N PLUMOSA STREET MERRITT ISLAND FL 32954-0548 US**
 Mailing Address: **POST OFFICE BOX 540548 MERRITT ISLAND FL 32954-0548 US**

3. Date Incorporated or Qualified: **05/31/1984**
 3a. Date of Last Report: **04/14/1995**
 4. FEI Number: **59-2425894**
 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

2. Principal Place of Business: **21**
 Suite, Apt #, etc.: **22**
 City & State: **23**
 Zip: **24** Country: **25**
 2a. Mailing Address: **26**
 Suite, Apt #, etc.: **27**
 City & State: **28**
 Zip: **29** Country: **30**

9. Name and Address of Current Registered Agent
ADAMS, DOROTHY E.
101 N PLUMOSA ST
MERRITT ISLAND FL 32953

10. Name and Address of New Registered Agent
81 Name: **Russell T. Kamradt**
82 Street Address (P.O. Box Number is Not Acceptable): **777 S. Flagler Drive**
83 Suite 900 East
84 City: **West Palm Beach** **FL** **85** Zip Code: **33401**

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: **Russell T. Kamradt** *Russell Kamradt* **2/28/96**
Signature typed or printed name of registered agent and, if not applicable, (NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS

TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	ROWE, MORRIS A.
STREET ADDRESS	220 KING STREET
CITY-ST-ZIP	COCOA FL
TITLE	V <input checked="" type="checkbox"/> DELETE
NAME	PARKET, MARY P
STREET ADDRESS	101 N PLUMOSA ST
CITY-ST-ZIP	MERRITT ISLAND FL
TITLE	VST <input checked="" type="checkbox"/> DELETE
NAME	ADAMS, DOROTHY E.
STREET ADDRESS	101 N PLUMOSA STREET
CITY-ST-ZIP	MERRITT ISLAND FL
TITLE	C <input checked="" type="checkbox"/> DELETE
NAME	KING, MAXWELL C
STREET ADDRESS	1384 WALTON HEATH COURT
CITY-ST-ZIP	ROCKLEDGE FL
TITLE	V <input checked="" type="checkbox"/> DELETE
NAME	CROCKETT, BEVERLY H.
STREET ADDRESS	101 N PLUMOSA ST
CITY-ST-ZIP	MERRITT ISLAND FL
TITLE	PD <input checked="" type="checkbox"/> DELETE
NAME	BOWDEN, DONALD L
STREET ADDRESS	101 N. PLUMOSA ST
CITY-ST-ZIP	MERRITT ISLAND FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Warren S. Orlando
1.3 STREET ADDRESS	980 N. Federal Highway
1.4 CITY-ST-ZIP	Boca Raton, FL 33432-2704
2.1 TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	John Marino
2.3 STREET ADDRESS	980 N. Federal Highway
2.4 CITY-ST-ZIP	Boca Raton, FL 33432-2704
3.1 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	June Owens
3.3 STREET ADDRESS	101 N. Plumosa Street
3.4 CITY-ST-ZIP	Merritt Island, FL 32953
4.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Dana Kilborne
4.3 STREET ADDRESS	980 N. Federal Highway
4.4 CITY-ST-ZIP	Boca Raton, FL 33432-2704
5.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Ward Kellogg
5.3 STREET ADDRESS	980 N. Federal Highway
5.4 CITY-ST-ZIP	Boca Raton, FL 33432-2704
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	800001732918
6.3 STREET ADDRESS	-03/05/96--01037--016
6.4 CITY-ST-ZIP	***208.75

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)(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: *John Marino* **John Marino** (407) 392-4000
Signature typed or printed name of signing officer or director Daytime Phone #

CR2E034 (12/95)