

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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Apr 29 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # H06073 (1)
1. Corporation Name
ABC Ventures, Inc.

Principal Place of Business	Mailing Address
101 N. Plumosa Street Merritt Island, FL 32954-0548	980 N. Federal Highway Boca Raton, FL 33432-2704

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21	26	05/31/1984	02/21/96
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number	Applied For
22	27	59-2425894	Not Applicable
City & State	City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23	28	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Zip	Zip	6. Election Campaign Financing	\$5.00 May Be Added to Fees
24	29	Trust Fund Contribution	<input type="checkbox"/> Yes <input type="checkbox"/> No
Country	Country	7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
25	30	<input type="checkbox"/> Yes <input type="checkbox"/> No	

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

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

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: P NAME: Warren S. Orlando STREET ADDRESS: 980 N. Federal Hwy CITY-STATE-ZIP: Boca Raton, FL 33432-2704	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-STATE-ZIP
TITLE: T NAME: John Marino STREET ADDRESS: 980 N. Federal Hwy CITY-STATE-ZIP: Boca Raton, FL 33432-2704	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-STATE-ZIP
TITLE: S NAME: June Owens STREET ADDRESS: 101 N. Plumosa Street CITY-STATE-ZIP: Merritt Island, FL 32953	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-STATE-ZIP
TITLE: V NAME: Dana Kilborne STREET ADDRESS: 980 N. Federal Hwy CITY-STATE-ZIP: Boca Raton, FL 33432-2704	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-STATE-ZIP
TITLE: V NAME: Ward Kellogg STREET ADDRESS: 980 N. Federal Hwy CITY-STATE-ZIP: Boca Raton, FL 33432-2704	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-STATE-ZIP
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-STATE-ZIP: _____	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-STATE-ZIP

14. I, the undersigned, 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 each 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 4-22-97 (561) 392-4000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)