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

⇒PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # H99428

ABACAB INTERNATIONAL COMPUTERS, INC.

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Principal Plac	e of Business	Mailing Address		A LOBERTY WILL LIBER SEEL GEBER FEEL DID!	n drant åtdir synkt minnt asom tåbt
1111 CR 427 N	L	1111 CR 427 N.			
SUITE 101		SUITE 101			
LONGWOOD FO	L 32795	LONGWOOD FL 32795		DO NOT WRITE IN TH	IS SPACE
				3. Date Incorporated or Qualifed 02/14/1986	
2. Principal P	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-2692397	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional
22		27		3. Sertificate of Charles Desired	Fee Required
City & Stat	le	City & State		6. Election Campaign Financing	\$5.00 May Be
23	<u> </u>	28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year I	
24	25		30	Personal Property Tax.	☐ Yes ☐ No
· · · · · · · · · · · · · · · · · · ·	9. Name and Address of Current	Registered Agent	04 N	10. Name and Address of New Registere	d Agent
СНА	STANG FERRELL SIMMS & GIST	EDMAN	81 Name		
CHASTANG, FERRELL, SIMMS & GISERMAN 1400 W. FAIRBANKS AVENUE			82 Street Add	dress (P.O. Box Number is Not Acceptable)	
1	E 102		83		7.
WIN	TER PARK FL 32789		04 07		1-1 - 0 -
			84 City	F	85 Zip Code
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statute	es, the above-named corp	poration 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE	,,,, terrine,,				
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable (NOTE)			
		and the ii applicable. (NOTE.	Registered Agent signature require	red when reinstating) DATE	j
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS A	AND DIRECTORS IN 12
12. TITLE	P			ADDITIONS/CHANGES TO OFFICERS A	AND DIRECTORS IN 12
	P WRIGHT, ALAN A	DIRECTORS	13.		
TITLE	P	DIRECTORS	13. 1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS A	
TITLE NAME	P Wright, Alan A 884 Silversmith Circle Lake Mary Fl 32746	DIRECTORS	13. 1.1 TITLE 1.2 NAME	ADDITIONS/CHANGES TO OFFICERS A	
TITLE NAME STREET ADDRESS	P Wright, Alan A 884 Silversmith Circle	DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	ADDITIONS/CHANGES TO OFFICERS A	
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14. I 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 of 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

FILED

Jan 21, 1999 8:00am

Secretary of State 01-21-1999 90037 023 ***150.00