

**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 # **K81709 (3)**  
1. Corporation Name  
**ABBY PRESS, INC.**



Principal Place of Business: **927 W. OAK STREET KISSIMMEE FL 34741**  
Mailing Address: **927 W. OAK STREET KISSIMMEE FL 34741**

3. Date Incorporated or Qualified: **04/19/1989**  
3a. Date of Last Report: **02/14/1995**

2. Principal Place of Business: **929 W. OAK ST.**  
2a. Mailing Address: **929 W. OAK ST.**  
21. Suite, Apt. #, etc.:  
22. City & State: **Kissimmee FL**  
23. City & State: **Kissimmee, FL**  
24. Zip: **34741** Country: **OSCEOLA**  
25. Zip: **34741** Country: **OSCEOLA**  
26. Suite, Apt. #, etc.:  
27. City & State:  
28. City & State:  
29. Zip: Country:  
30. Zip: Country:

4. FEI Number: **59-2943954**  
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**

**PETRELLIS, FRANCIS  
927 W. OAK STREET  
KISSIMMEE FL 34741**

**10. Name and Address of New Registered Agent**

81. Name:  
82. Street Address (P.O. Box Number is Not Acceptable): **929 W. OAK ST.**  
83. City:  
84. City: **FL** 85. Zip Code:

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 reinstating)

DATE

**12. OFFICERS AND DIRECTORS**

TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>PETRELLIS, FRANCIS</b>
STREET ADDRESS	<b>927 W. OAK ST.</b>
CITY-ST-ZIP	<b>KISSIMMEE FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>PETRELLIS, CLARICE</b>
STREET ADDRESS	<b>927 W. OAK ST.</b>
CITY-ST-ZIP	<b>KISSIMMEE FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>929 W. OAK ST.</b>
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	<b>929 W. OAK ST.</b>
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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: **Clarice Petrellis** **CLARICE PETRELLIS** 1/15/96 407-847-5565  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Time Phone #

CR2E034 (12/95)