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

**CORPORATION** ANNUAL REPORT

1997

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FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L35411

ADVANCED BUSINESS FORMS AND SYSTEMS, INCORPORATE

Principal Place of Business Mailing Address P.O. BOX 15775 2923 W SLIGH AVE TAMPA FL 33684-5775 TAMPA FL 33614 3. Date Incorporated or Qualified 3a. Date of Last Report 12/07/1989 05/01/1996 2. Principal Place of Business 2a. Mailing Address Applied For 26 65:0156490 Not Applicable Suite, Apt. #, etc. Suite, Apt #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country 8. This corporation has liability for intangible tax under s. 199.032, 30 Yes No 24 25 29 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name THAYER, CHRIS 2923 W. SLIGH AVE. Street Address (P.O. Box Number is Not Acceptable) TAMPA FL 33625 83 City Zip Code we-named corporation submits this statement for the purpose of changing its registered by the corporation's board of directors. I hereby accept the appointment as registered Pursuant to the provisions of Sections 607.0502 and 507.1508, Florida Statutes, the office or registered againt, or both, in the State of Societa. Such change was authorize agent. I am familiar with, and accept the offligations of Section 607.0505, Florida State. SIGNATURE one of registered agent and the it applicated of the control of th (NOTE: Register Agent signature required when reinstating) if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. TITLE DELETE Change Addition 1 1 TI NAME THAYER, CHRIS 1.2 NA 46 2923 W. SLIGH AVE STREET ADDRESS 1.3 STREET ADDRESS TAMPA FL 1.4 CiTY-ST-ZIP CITY-ST-ZIP DELETE TITLE 2.1 TITLE Change Addition NAME 22 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST- ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. C(1)Y-S1-7/P DELETE TITLE ☐ Change Addition 4.1 TITLE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST- ZIP TITLE DELETE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - S1 - ZIP DELETE Change Addition TITLE 61 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

6.4 Crty-ST-ZIP

14. I do 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 supplied 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 deceiver or trustee empowered of execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if grianged or or an attachment with an address.

**FILED** 

May 13 1997 8:00am

Secretary of State