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 # M 93884 (8)

1. Corporation Name
Abba Publications, Inc.

Principal Place of Business: Abba Christian Supply, 105 N. E. 4th St. Okeechobee FL. 34972
Mailing Address (Same)

2. Principal Place of Business
21 Abba Christian Supply
Suite, Apt. #, etc.
22
City & State
23 Okeechobee, FL
Zip
24 34972
Country
25 Okeechobee

2a. Mailing Address
26 ~~105 N. E. 4th St.~~
Suite, Apt. #, etc.
27
City & State
28 Florida
Zip
29
Country
30

3. Date Incorporated or Qualified: Aug. 11, 1988
3a. Date of Last Report: 5/95
4. FEI Number: 65-0067527 ☐ 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

Joanna Norris
1304 S. W. 10th Ave
Okeechobee FL 34974

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
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 ______ DATE
Signature, typed or printed name of registered agent and title if applicable
NOTE: Registered Agent signature required when reinstating

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	Joanna K. Norris		1.2 NAME	
STREET ADDRESS	1304 S.W. 10th Ave.		1.3 STREET ADDRESS	
CITY-ST-ZIP	Okeechobee FL 34974		1.4 CITY-ST-ZIP	
TITLE	Secretary	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	Joanna K. Norris		2.2 NAME	
STREET ADDRESS	same as above		2.3 STREET ADDRESS	
CITY-ST-ZIP			2.4 CITY-ST-ZIP	
TITLE	Sharon Douglas	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	Vice-President		3.2 NAME	
STREET ADDRESS	2985 S.E. 59th Blvd		3.3 STREET ADDRESS	
CITY-ST-ZIP	Okeechobee FL 34974		3.4 CITY-ST-ZIP	
TITLE	Treasurer	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	Sharon Douglas		4.2 NAME	
STREET ADDRESS	same as above		4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	200001807702 ☐ Change ☐ Addition
NAME			5.2 NAME	-05/06/96--01003--020
STREET ADDRESS			5.3 STREET ADDRESS	***200.00
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	5/1/96
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			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: Joanna K. Norris Joanna K. Norris 4/24/96 941-763-6139
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)