

FILE NOW: FILING FEE IS \$61.25

FILED  
May 15 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N08018** (6)

1. Corporation Name

**ABBA ENTERTAINMENT CORP.**

Principal Place of Business

Mailing Address

**133 EAST LAUREN COURT  
FERN PARK FL 32730**

**133 EAST LAUREN COURT  
FERN PARK FL 32730-2262**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>03/07/1985</b>		3a. Date of Last Report <b>06/11/1996</b>	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number <b>59-2500307</b>		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
24 Country		29 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DILELLO, ANN MARGARET  
133 EAST LAUREN COURT  
FERN PARK FL 32730**

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *Margaret Ann DiLello* (Margaret Ann DiLello) 5/1/97  
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 1?	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DILELLO, ANN</b>	1.2 NAME	
STREET ADDRESS	<b>133 E LAUREN CT</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FERN PARK FL</b>	1.4 CITY-ST-ZIP	
TITLE	DVP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ARMSTRONG, DEBORAH</b>	2.2 NAME	
STREET ADDRESS	<b>9388 COMEAU</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>GOTHO FL 34734</b>	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KIRENA, KRISTY</b>	3.2 NAME	
STREET ADDRESS	<b>9001 NEW ORLEANS COURT</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ORLANDO FL 32818</b>	3.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CLONTON, GWEN</b>	4.2 NAME	
STREET ADDRESS	<b>956 MARCH HAVEANE</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WINTER SPRINGS FL 32708</b>	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
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 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 or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

CR2E037 (9/96)