


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

FILED
Feb 11 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P33384

(9)

1. Corporation Name
ABRA CADABRA SOFTWARE, INC.



Principal Place of Business 888 EXECUTIVE CENTER DRIVE 300 ST. PETERSBURG FL 33702 US	Mailing Address 888 EXECUTIVE CENTER DRIVE 300 ST. PETERSBURG FL 33702-2499 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 04/01/1991	3a. Date of Last Report 02/13/1996
4. FEI Number 52-1722727	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent FOSTER, JAMES F 888 EXECUTIVE CENTER DRIVE WEST SUITE 300 ST. PETERSBURG FL 33702

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
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	PD <input type="checkbox"/> DELETE
NAME	FOSTER, JAMES F
STREET ADDRESS	888 EXECUTIVE CENTER DRIVE W. STE. 300
CITY-ST-ZIP	ST. PETERSBURG FL 33702
TITLE	S <input type="checkbox"/> DELETE
NAME	REBACK, SHELLEY W
STREET ADDRESS	11413 ISAAC NEWTON SQ.
CITY-ST-ZIP	RESTON VA
TITLE	TD <input checked="" type="checkbox"/> DELETE
NAME	RANELLI, MELODY
STREET ADDRESS	11413 ISAAC NEWTON SQ
CITY-ST-ZIP	RESTON VA
TITLE	AT <input type="checkbox"/> DELETE
NAME	BOSSERMAN, DAVID
STREET ADDRESS	11413 ISAAC NEWTON SQUARE
CITY-ST-ZIP	RESTON VA
TITLE	CD <input checked="" type="checkbox"/> DELETE
NAME	PETERSEN, JAMES F
STREET ADDRESS	11413 ISAAC NEWTON SQ.
CITY-ST-ZIP	RESTON VA
TITLE	CD <input type="checkbox"/> DELETE
NAME	DAVENPORT, TIMOTHY A.
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	RESTON VA 20190
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	RESTON VA 20190
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
62 NAME	CD
63 STREET ADDRESS	DAVENPORT, TIMOTHY A.
64 CITY-ST-ZIP	11413 ISAAC NEWTON SQ RESTON VA 20190

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* 1/27/97 703-709-5200

CR2E034 (9/96)