

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

FILED

May 08 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 # **P94000035233 (3)**

1. Corporation Name

ADVANCED BUSINESS ELECTRONICS, INC.



Principal Place of Business 3245 N. COURTENAY PKWY SUITE 259 MERRITT ISLAND FL 32953 US	Mailing Address 240-9 SPRING DRIVE MERRITT ISLAND FL 32953-4017 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 510 PATRICK AVE 27 Suite, Apt. #, etc. 28 MERRITT ISLAND, FL 29 Zip 30 32953 31 Country US
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3. Date Incorporated or Qualified 05/06/1994	3a. Date of Last Report 05/01/1996
4. FEI Number 59-3245334	Applied For <input type="checkbox"/> 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 M. ALLEN WADSWORTH 240-9 SPRING DRIVE MERRITT ISLAND FL 32953	10. Name and Address of New Registered Agent 81 Name M. Allen Wadsworth 82 Street Address (P.O. Box Number is Not Acceptable) 510 Patrick Ave 83 84 City Merritt Island FL 85 Zip Code 32953
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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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MIKE CULLEN	1.2 NAME	Wadsworth, Dale G
STREET ADDRESS	2539 BRETT CT	1.3 STREET ADDRESS	28 Bryant St.
CITY-ST-ZIP	MELBOURNE FL	1.4 CITY-ST-ZIP	Wakefield, MA 01880
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WADSWORTH, M. ALLEN	2.2 NAME	WADSWORTH, M. ALLEN
STREET ADDRESS	240-9 SPRING DRIVE	2.3 STREET ADDRESS	510 PATRICK AVE
CITY-ST-ZIP	MERRIT ISLAND FL	2.4 CITY-ST-ZIP	MERRITT ISLAND FL 32953
TITLE	O <input checked="" type="checkbox"/> DELETE	3.1 TITLE	T, S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DONNA J. STRAIT	3.2 NAME	E. Darlene Jones
STREET ADDRESS	6233 ALDERWOOD AVE	3.3 STREET ADDRESS	610 PATRICK AVE
CITY-ST-ZIP	COCOA FL	3.4 CITY-ST-ZIP	MERRITT ISLAND FL 32953
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		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	

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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:

M. Allen Wadsworth
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/97 **452-0661**
Date Daytime Phone #

CR2E034 (9/96)