


FILED

99 NOV -8 PM 2:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1999  DOCUMENT # P94000044016 1. Corporation Name A.B.C. ART CORP.	FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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Principal Place of Business 3204 SAN CARLOS ST. CLEARWATER FL 34619	Mailing Address 3204 SAN CARLOS ST. CLEARWATER FL 34619
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9/24/99 90007005 \$150.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date incorporated or Qualified 06/13/1994	
21 Suite, Apt. #, etc.	25	26 Suite, Apt. #, etc.	29	4. FEI Number 69-3267590	Applied For Not Applicable
22 City & State	27	28 City & State	30	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 Zip	26 Country	29 Zip	30 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	25	29	30	7. This corporation owes the current year intangible Personal Property Tax.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent JAVARUSKI, ANNETTE P 3204 SAN CARLOS STREET CLEARWATER FL 34619		10. Name and Address of New Registered Agent	
81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City
		85 FL	86 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		NOTE: Registered Agent signature required when reinstating		DATE	
12. OFFICERS AND DIRECTORS					
TITLE	P.	<input type="checkbox"/> DELETE			
NAME	JAVARUSKI, ANNETTE PERILL				
STREET ADDRESS	3204 SAN CARLOS ST.				
CITY-ST-ZIP	CLEARWATER FL				
TITLE	VP	<input type="checkbox"/> DELETE			
NAME	PERILLO, STEPHEN				
STREET ADDRESS	107 CHARELSTON AVE.				
CITY-ST-ZIP	STATEN ISLAND NY				
TITLE	S	<input type="checkbox"/> DELETE			
NAME	JAVARUSKI, STEVE				
STREET ADDRESS	3204 SAN CARLOS ST				
CITY-ST-ZIP	CLEARWATER FL				
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 110.07(3)(f), 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 with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED

9/14/99

718-357-8002 ar23

KE

SCHUHALTER, COUGHLIN & SUOZZO, LLC

CERTIFIED PUBLIC ACCOUNTANTS

**575 Route 28 West
RARITAN, NJ 08869**

EDWARD J. SUOZZO, CPA, N.J. AND N.Y.
JAMES F. MOLLIKA, CPA, N.Y.

MURRAY SCHUHALTER, CPA
AMY O'DONNELL-COUGHLIN, CPA (1956-1999)

TELEPHONE
(908) 707-1100
TELEFAX
(908) 707-1070

November 2, 1999

Division of Corporations
Annual Reports Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

RE: A.B.C Art Corp
Ref. #P94000044016

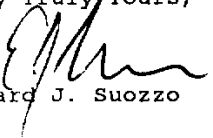
Dear Sir/Madam,

Enclosed is a copy of your notice dated September 24, 1999 about the 1999 Profit Corporation Annual Report that shows a \$400.00 remaining due for a late filing penalty.

We respectfully request abatement of the late filing penalty of \$400.00 thereon due to reasonable cause. During the period that the report was to be filed the preparing firm had a 50 percent partner diagnosed with lung cancer and during that period had significant staffing problems. The annual report was filed with the best information available at the time and should not reflect negatively on the taxpayer. This is a non-recurring event beyond the control of the taxpayer.

Thank you in advance for your anticipated cooperation. Should you need any other information regarding this matter, please contact the undersigned.

Very Truly Yours,


Edward J. Suozzo

Encs.