

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Secretary B. Marston
Secretary of State
DIVISION OF CORPORATIONS

APR 1996

55 MAY 1 1996

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000067741 (6)**

1. CORPORATION NAME

ABCD-ROM INCORPORATED

DEFERRED WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
6601 CORVETTE DRIVE #3613 PORT RICHEY FL 34668-7702	6601 CORVETTE DRIVE #3613 PORT RICHEY FL 34668-7702

3. Date incorporated or Qualified 09/15/1994	3a. Date of Last Report
4. FEI Number 090-70-7431	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 delinquency under 519.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 State Apt # etc	26 State Apt # etc
22 City & State	27 City & State
24 City	25 State
29 City	30 State

9. Name and Address of Current Registered Agent

**PERGUINI, PAUL L
6601 CORVETTE DRIVE #3613
PORT RICHEY FL 34668-7702**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 this appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS

111 NAME	D PERUGINI, PAUL L
112 STREET ADDRESS	6601 CORVETTE DRIVE #3613
113 CITY, ST, ZIP	PORT RICHEY FL 34668-7702
121 NAME	
122 STREET ADDRESS	
123 CITY, ST, ZIP	
131 NAME	
132 STREET ADDRESS	
133 CITY, ST, ZIP	
141 NAME	
142 STREET ADDRESS	
143 CITY, ST, ZIP	
151 NAME	
152 STREET ADDRESS	
153 CITY, ST, ZIP	

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

111 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
112 STREET ADDRESS	
113 CITY, ST, ZIP	
121 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
122 STREET ADDRESS	
123 CITY, ST, ZIP	
131 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
132 STREET ADDRESS	
133 CITY, ST, ZIP	
141 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
142 STREET ADDRESS	
143 CITY, ST, ZIP	
151 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
152 STREET ADDRESS	
153 CITY, ST, ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 519.03(1)(b), 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. I am an officer or director of this corporation or this receiver or trustee empowered by me to do this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 or Block 13 (if changed) or on an attachment with an address.

SIGNATURE: *Paul L. Perugini*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
PAUL L. PERUGINI