

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

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Matheson  
Secretary of State  
DIVISION OF CORPORATIONS

APR 15 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: **6601 CORVETTE DRIVE #3613 PORT RICHEY FL 34668-7702**  
Mailing Address: **6601 CORVETTE DRIVE #3613 PORT RICHEY FL 34668-7702**

3. Date incorporated or Qualified: **09/15/1994**  
3a. Date of Last Report

2. Principal Place of Business: **6601 CORVETTE DRIVE #3613 PORT RICHEY FL 34668-7702**  
2a. Mailing Address: **6601 CORVETTE DRIVE #3613 PORT RICHEY FL 34668-7702**

4. FEI Number: **090-70-7431**  
Applied for:  Yes  No

22. State Apt # etc: **FL 34668-7702**  
27. State Apt # etc: **FL 34668-7702**

5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**

23. City & State: **PORT RICHEY FL**  
28. City & State: **PORT RICHEY FL**

6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**

24. Title: **SECRETARY**  
25. Name: **PAUL L PERUGINI**  
29. Title: **SECRETARY**  
30. Name: **PAUL L PERUGINI**

8. This corporation has liability for delinquency under 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent:  
**PERUGINI, 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. City:  
84. City:  
85. Zip Code: **FL**

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: *Paul L. Perugini*  
Typed Name: **PAUL L PERUGINI**

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
11a. TITLE	<b>D</b>	11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11b. NAME	<b>PERUGINI, PAUL L</b>	11. NAME	
11c. STREET ADDRESS	<b>6601 CORVETTE DRIVE #3613</b>	11. STREET ADDRESS	
11d. CITY & STATE	<b>PORT RICHEY FL 34668-7702</b>	11. CITY & STATE	
12. TITLE		12. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME		12. NAME	
12. STREET ADDRESS		12. STREET ADDRESS	
12. CITY & STATE		12. CITY & STATE	
13. TITLE		13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13. NAME		13. NAME	
13. STREET ADDRESS		13. STREET ADDRESS	
13. CITY & STATE		13. CITY & STATE	
14. TITLE		14. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME		14. NAME	
14. STREET ADDRESS		14. STREET ADDRESS	
14. CITY & STATE		14. CITY & STATE	
15. TITLE		15. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
15. NAME		15. NAME	
15. STREET ADDRESS		15. STREET ADDRESS	
15. CITY & STATE		15. CITY & STATE	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.032(4)(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 199, 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 REGISTERING OFFICER OR DIRECTOR  
**PAUL L. PERUGINI**