2 Date Incorporated or Qualiford

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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

D	OCUMENT #	P94000067741
	A 12 M	

1. Corporation Name

ABCD-ROM INCORPORATED

Principal Place of Business										
1189 LODGE CIR.										
SPRING HILL FL 34606										

Mailing Address

1189 LODGE CIR. SPRING HILL FL 34606



DO NOT WRITE IN THIS SPACE

-	-		-			-09/15/1994		_		
2. Principal P	Place of Business	2a.	Mailing Address			4. FEI Number		opplied For		
21		26				59-3260717	N	lot Applicable		
Suite, Apt.	#, etc.		Suite, Apt. #, etc.			F Cortifects of Statue Decired		Additional		
22		27				d. defineste of database solido	Feef	Required		
City & Stat	e	\Box	City & State			6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees				
23	0	28	7in	Country		Trust Fund Contribution		to Fees		
Zip						8. This corporation owes the current year Intangible Personal Property Tax.				
24 25 29 30 9. Name and Address of Current Registered Agent					i	Personal Property Tax.				
	5. Name and Address of Curren	ii vedisi	ered Agent	81	Name	i				
PER	GUINI, PAUL L			Ĺ						
	9 LODGE CR			82	Street Address (P.O. Box Number is Not Acceptable)					
	ING HILL FL 34606			83		1				
-				["		1				
				84	City .	E1 8	5 Zip	Code		
44 D	to the completions of Continue COT OF	12 on 4 60	7 1509 Florida Statutas	the shore	named com	oration submits this statement for the purpose of cha	naina il	s renistered		
office or r	registered agent, or both, in the State	of Florida	a. Such change was auth	norized by	the corporation	oration submits this statement for the purpose of cha on's board of directors. I hereby accept the appointme	ent as i	egistered		
agent. I a	im familiar with, and accept the obliga	itions of,	Section 607.0505, Florid	a Statutes.						
SIGNATURE		-;	Takan dara a		. Washing	d when reinstating) DATE				
12.	Signature, typed or printed name of registered age OFFICERS At			13.	signature required	d when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND D	IRECT	ORS IN 12		
TITLE	D OFFICERS AI	AD DIREC	DELETE	1.1 TITLE			Change			
NAME	PERUGINI, PAUL L		□ beceit	1.2 NAME			,	J		
	1189 LODGE CIR.			1.3 STREET	ADDDESS					
STREET ADDRESS	SPRING HILL FL 34606									
CITY-ST-ZIP	SPRING FILL PL 34000		☐ DELETE	1.4 CITY-ST 2.1 TITLE	-212		Change	Addition		
			- Pereir	2.2 NAME			,	—		
NAME				2.2 NAME 2.3 STREET	ADDRESS					
STREET ADDRESS							_ ~			
CiTY-\$f-Zip			DELETE	2.4 CITY-5 3.1 TITLE	1-AP		Change	Addition		
TITLE				1			, <i></i>	. المانية		
NAME				3.2 NAME	***************************************			•		
STREET ADDRESS				3.3 STREET						
CITY-ST-ZIP			☐ DELETE	34. CITY-5	1-AP		Change	Addition		
TITLE				4.1 TITLE			Junanyo			
NAME				4. 2 NAME						
STREET ADDRESS				4.3 STREET						
CITY-ST-ZIP			□ pri crc	4.4 CITY-S1	-ZIP		Change	Addition		
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NAME										
STREET ADDRESS				5.3 STREET	,					
CITY-ST-ZIP				5.4 CITY- S1	-ZIP		Channe			
πιε	1		☐ DELETE	6.1 TITLE		L	Change	☐ Addition		
NAME				6.2 NAME						
STREET ADDRESS				6.3 STREET						
CITY-ST-7IP				6.4 CITY-S1	-ZIP					

14. I 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, with all other like empowered.

352-688-6933