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May 15 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000029461 (7)

1. Corporation Name
ABR NATIONAL SERVICE CENTER, INC.

Principal Place of Business
34125 US HWY 19 N
PALM HARBOR FL 34684

Mailing Address
34125 US HWY 19 N
PALM HARBOR FL 34684-2180



3. Date Incorporated or Qualified 04/14/1995
3a. Date of Last Report 05/01/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	50-3311147	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	27	<input checked="" type="checkbox"/>	
City & State	City & State	6. Election Campaign Financing	\$5.00 May Be Added to Fees
23	28	Trust Fund Contribution	<input type="checkbox"/>
Zip	Zip	Country	Country
24	25	29	30

9. Name and Address of Current Registered Agent

CORPORATION INFORMATION SERVICES, INC.
1201 HAYS ST
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 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 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PDC	1.1 TITLE	V
NAME	MACDOUCALD, JAMES E.	1.2 NAME	O'Drobinak, James P.
STREET ADDRESS	34125 US HWY 19, N	1.3 STREET ADDRESS	34125 U.S. Hwy. 19 North
CITY-ST-ZIP	PALM HARBOR FL	1.4 CITY-ST-ZIP	Palm Harbor, FL 34684
TITLE	VTD	2.1 TITLE	DC
NAME	ADDONISIO, VINCENT	2.2 NAME	MacDougald, James E.
STREET ADDRESS	34125 US HWY 19, N	2.3 STREET ADDRESS	34125 U.S. Hwy. 19 North
CITY-ST-ZIP	PALM HARBOR FL	2.4 CITY-ST-ZIP	Palm Harbor, FL 34684
TITLE	VSD	3.1 TITLE	
NAME	MACDOUGALD, SUZANNE M.	3.2 NAME	
STREET ADDRESS	34125 US HWY 19, N	3.3 STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL	3.4 CITY-ST-ZIP	
TITLE	V	4.1 TITLE	P
NAME	POVILUS, WILLIAM R.	4.2 NAME	Povilus, William R.
STREET ADDRESS	34125 US HWY 19, N	4.3 STREET ADDRESS	34125 U.S. Hwy. 19 North
CITY-ST-ZIP	PALM HARBOR FL	4.4 CITY-ST-ZIP	Palm Harbor, FL 34684
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/97 (813) 785-2819
Date Daytime Phone #

CR2E034 (9/96)