

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

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Apr 04 1997 8:00am
Secretary of State

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| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # **P95000060920 (2)**

1. Corporation Name
ABUNDANT BLESSINGS, INC.



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| Principal Place of Business 7700 43RD ST N 12064 ESCOBAR PLACE APT 5 PINELLAS PARK FL 33781 US | Mailing Address 7700 43RD ST N 12064 ESCOBAR PLACE APT 5 PINELLAS PARK FL 33781-3657 US |
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| 2. Principal Place of Business 21 200 49th Street North Suite, Apt #, etc. 22 City & State 23 St. Petersburg, Florida Zip 24 33710 Country 25 U.S.A. | | 2a. Mailing Address 26 200 49th Street North Suite, Apt #, etc. 27 City & State 28 St. Petersburg, Florida Zip 29 33710 Country 30 U.S.A. | | 3. Date Incorporated or Qualified 07/27/1995 | 3a. Date of Last Report 07/15/1996 | 4. FEI Number 59-3411388 APPLIED FOR | Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/> | 5. Certificate of Status Desired <input checked="" 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 intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
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| 9. Name and Address of Current Registered Agent PAUN, ROBERT 7700 43RD ST N PINELLAS PARK FL 33781 | | 10. Name and Address of New Registered Agent 61 Name Robert Paun 62 Street Address (P.O. Box Number is Not Acceptable) 200 49th Street North 63 64 City St. Petersburg FL 65 Zip Code 33710 | |
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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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|------------------|-------------------------------------------------------|-------------------------|
| TITLE | P | 1.1 TITLE | P |
| NAME | PAUN, ROBERT W | 1.2 NAME | PAUN, ROBERT W |
| STREET ADDRESS | 7700 43RD ST N | 1.3 STREET ADDRESS | 200 49th Street North |
| CITY-ST-ZIP | PINELLAS PARK FL | 1.4 CITY-ST-ZIP | St. Petersburg, Florida |
| TITLE | ST | 2.1 TITLE | ST |
| NAME | PAUN, ELLEN | 2.2 NAME | PAUN, ELLEN |
| STREET ADDRESS | 7700 43RD ST N | 2.3 STREET ADDRESS | 200 49th Street North |
| CITY-ST-ZIP | PINELLAS PARK FL | 2.4 CITY-ST-ZIP | St. Petersburg, Florida |
| TITLE | D | 3.1 TITLE | D |
| NAME | PAUN, MARK | 3.2 NAME | PAUN, MARK |
| STREET ADDRESS | 7700 43RD ST N | 3.3 STREET ADDRESS | 200 49th Street North |
| CITY-ST-ZIP | PINELLAS PARK FL | 3.4 CITY-ST-ZIP | St. Petersburg, Florida |
| TITLE | D | 4.1 TITLE | D |
| NAME | PAUN, JENNIFER | 4.2 NAME | PAUN, JENNIFER |
| STREET ADDRESS | 7700 43RD ST N | 4.3 STREET ADDRESS | 200 49th Street North |
| CITY-ST-ZIP | PINELLAS PARK FL | 4.4 CITY-ST-ZIP | St. Petersburg, Florida |
| 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:  **ROBERT W. PAUN** April 1/97 (813) 547-5547
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0384200

CR2E034 (9/96)