

PAID CHECK NO 1067 = \$173.75
FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000093314 (9)

1. Corporation Name
ABC FRAMETECH, INC.

Principal Place of Business
129 SOUTH COMMERCE AVENUE
SEBRING FL 33870

Mailing Address
PO BOX 1215
SEBRING FL 33871-1215
US



2. Principal Place of Business 21 6208 Lakeshore Rd. Suite, Apt. #, etc. 22 City & State 23 Sebring, FL Zip 24 33870 Country 25 Highlands		2a. Mailing Address 26 POB 1215 Suite, Apt. #, etc. 27 City & State 28 SEBRING, FL Zip 29 33871 Country 30 HIGHLANDS		3. Date Incorporated or Qualified 12/07/1995	3a. Date of Last Report 04/29/1996
				4. FEI Number 65-062648	Applied For Not Applicable
				5. Certificate of Status Desired X	\$8.75 Additional Fee Required
				6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
9. Name and Address of Current Registered Agent MCCOLLUM, JAMES F 129 SOUTH COMMERCE AVENUE SEBRING FL 33870		10. Name and Address of New Registered Agent N/A			
		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

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

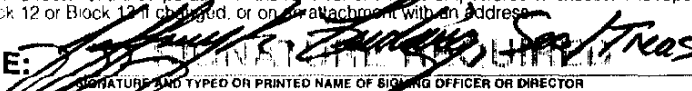
(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD BARRETT, JOHN D 3235 LAKE HILL DRIVE LAKE PLACID FL	1.1 TITLE	
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY- ST- ZIP		1.4 CITY- ST- ZIP	
TITLE	VD CLARKE, JOSEPH T JR. 3046 LAKE JUNE ROAD LAKE PLACID FL	2.1 TITLE	V/D
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	3317 ASTORIA AVE
CITY- ST- ZIP		2.4 CITY- ST- ZIP	SEBRING, FL 33872
TITLE	STD LUDWIG, JEFFREY K 3230 WYNSTONE COURT SEBRING FL	3.1 TITLE	S/T/D
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	6208 LAKESHORE RD
CITY- ST- ZIP		3.4 CITY- ST- ZIP	SEBRING, FL 33870
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY- ST- ZIP		4.4 CITY- ST- ZIP	
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

4/7/97 941/605-4610
Date Daytime Phone #

CR2E034 (9/96)