

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

FILED

**Feb 19 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000004828 (5)
1. Corporation Name
ABS SUPPORT SERVICES, INC.



Principal Place of Business 10372 CARROLLWOOD LANE SUITE 245 TAMPA FL 33618	Mailing Address 10316 CLUB CIRCLE SUITE 41 TAMPA FL 33618 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29	3. Date Incorporated or Qualified 01/12/1996	4. FEI Number 59-3370288	Applied For Not Applicable
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5. Certificate of Status Desired <input 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**LAREAU, ANITA M.
10316 CLUB CIRCLE
SUITE 41
TAMPA FL 33618**

10. Name and Address of New Registered Agent
81 Name
LAREAU, ANITA M.
82 Street Address (P.O. Box Number is Not Acceptable)
10372 CARROLLWOOD LN.
83
Suite 245
84 City
TAMPA FL 85 Zip Code
33618

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 **Anita M. LAREAU, President** *Anita M. Lareau, President* / 31/98
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PVTS	<input type="checkbox"/> DELETE
NAME	LAREAU, ANITA M.	
STREET ADDRESS	10316 CLUB CIRCLE, SUITE 41	
CITY-ST-ZIP	TAMPA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/T/D/C/M	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	LAREAU, ANITA M.	
1.3 STREET ADDRESS	10372 CARROLLWOOD LANE # 245	
1.4 CITY-ST-ZIP	TAMPA, FL 33618	
2.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	McCoy, DEBORAH A.	
2.3 STREET ADDRESS	5212 CARGY ROAD	
2.4 CITY-ST-ZIP	TAMPA, FL 33624	
3.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	McCoy, James R.	
3.3 STREET ADDRESS	5212 CARGY ROAD	
3.4 CITY-ST-ZIP	TAMPA, FL 33624	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-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.

SIGNATURE **Anita M. Lareau** *Anita M. Lareau* / 19 912911 2122

CR2E034 (10/97)