

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

	1(Corr	oration Name)	(Do	ocument #)	99 110
	2(Corp	poration Name)	(Do	ocument #)	JUN 30
	3.	ooration Name)		ocument #)	
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	NEW FILINGS	AMEND	MENTS		
	Profit	Amendment			
	NonProfit	Resignation	of R.A., Officer/Dire	ctor	
	Limited Liability	Change of R	legistered Agent		
	Domestication	Dissolution/	Withdrawal		
	Other	Merger			903
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<u>. 19 juže</u>	Annual Report		FICATION		$\sim \sim \sim$
	Fictitious Name	Foreign		DOD	QM
	Name Reservation	Limited Par	tnership	A Vr	20-
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Examiner's Initials

CR2E031(1/95)

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of <u>FLORIGA</u> submits the following statement in order to change its registered office or registered agent, or both, in the

State of Florida.

1. The name of the corporation is: ABACUS SALES COMPANY, DIC

2. The mailing address of the corporation is: 455 FAIRWAY ORIVE, STE 102

DEERFIELD BEACH, FL. 33441

3. Date of incorporation/qualification: ____/19/96_____Document number: ____/960000/9030

4. The name and address of the current registered agent and office:

CJC THE UNITED STREET CONFORMATION CO, DW	. 0	
TWO WORLD TRADE CENTER, SUITE 8746	IL 66	
	UN G	
5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)	ō	
(AUL HRABOVSKY		
455 FAIRWAY ARME COLLE		
DECRIPTELA BEACH FR. 33441	UI	

The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.

(Signature of an officer, chairman or vice chairman of the board)

HARVEY SHAPIRO 1 SEC. (Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as

Signature of

If signing on behalf of an entity:

T	yped	or	Printed	Name)			
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(Capacity)

* * * FILING FEE: \$35.00 * * *

DIVISION OF CORPORATIONS

P.O. Box 6327

TALLAHASSEE, FL 32314