May 04, 1999 8:00 am Secretary of State

05-04-1999 90195 050 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000017547

1. Corporation Name

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

ABACUS MARKETING GROUP INC.

Principal Place of Business Mailing Address									8 8111 B8111 8 8191 1		H B B	1811 1881 1881	
106 HEMINGWAY COURT 106 HEMINGWAY COURT													
ROYAL PALM BEACH FL 33411 ROYAL PALM BEACH FL 3341					11			DO NOT WRITE IN THIS SPACE					
								3. Date Incorporated or Qualife		SPACI	=		
								02/20/1997	u				
Principal Place of Business 2			2a, Mailing Address					4. FEI Number				lied For	
21		26						NOT APPLICABLE				Applicable	
Suite, Apt.	#, etc.	27	Suite, Apt. #, etc.					5. Certificate of Status Desired			75 Ad	dditional juired	
City & State			City & State					6. Election Campaign Financing	1 _	\$5	.00 N	May Be	
23		28	•					Trust Fund Contribution	' □		ided to		
Zip	Country	1	Zip	Co	untry			8. This corporation owes the cu	rrent year Inta	ngible			
24	25	29		30				Personal Property Tax.	•	☐ Yes	s [⊒No	
	9. Name and Address of Current		tered Agent					10. Name and Address of New	Registered /	Agent			
					81	Name	•						
	ORMICK, MARGUERITE A				82	Stree	Addre:	ss (P.O. Box Number is Not Accep	otable)				
106 HEMINGWAY COURT					,								
ROYAL PALM BEACH FL 33411					83								
•					84	4 City				85	Zip C	ode	
					- '	'			<u> </u>		•		
office or re	to the provisions of Sections 607.0502 ogistered agent, or both, in the State on familiar with, and accept the obligation	of Floric	ia. Such change was a	utnorize	ea by	the cor	d corpoi poration	ration submits this statement for the is board of directors. I hereby acc	e purpose of ept the appoir	changi itment	ng its r as regi	egistered istered	
SIGNATURE	Signature, typed or printed name of registered agent	and title	if applicable. (NOTE	: Register	ed Ager	nt signature	required t	when reinstating)	DATE			— ì	
12.	OFFICERS AND			13				ADDITIONS/CHANGES TO C	FFICERS AN	D DIR	ECTO	RS IN 12	
TITLE	P		☐ DELETE	1.1	TITLE					Ch	ange	☐ Addition	
NAME	MCCORMACK, RALPH J			1.2	NAME							ļ	
STREET ADDRESS	106 HEMINGWAY COURT			1.3	STREET	T ADDRESS	s						
CITY-ST-ZIP	ROYAL PALM BEACH FL 33411			1.4	1.4 CITY-ST-ZIP								
TITLE	VP		☐ DELETE	2.1	TITLE					Ch	ange	☐ Addition	
NAME	MCCORMACK, MARGURITE A			2.2	NAME							'	
STREET ADDRESS	s 106 HEMINGWAY COURT			2.3	2.3 STREET ADDRESS								
CITY-ST-ZIP	ROYAL PALM BEACH FL 33411	1		2.4	CITY-S	ST-ZIP							
TITLE	VP		☐ DELETE	3.1	TITLE					☐ Ch	ange	Addition	
NAME	RADCLIFFE, WILLIAM			3.2	NAME								
STREET ADDRESS	5211 N.E. 17 TERRACE			3.3	3.3 STREET ADDRESS		s						
CITY-ST-ZIP	FORT LAUDERDALE FL 33334			3.4.	CITY-S	ST-ZIP							
TITLE		,	DELETE	4.1	TITLE					Ch	ange	☐ Addition	
NAME	LORETTA GALIMB	ER	-11	4. 2	NAME		1						
STREET ADDRESS	LORETTA GAL'ME 106 HEMINGWAY ROYAL PALM BEA			4.3	STREET	T ADDRESS	s						
C/TY-ST-ZIP	ROYAL PALM BEA	le H	PE 53411	4.4	CITY-S	T-ZIP	4					-	
TITLE	• ,		 I) DELETE 	5 1	TITLE		1			□Ch	ange	Addition \	

6.4 CITY-ST-ZIP 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, with all other like empowered.

5.2 NAME

6.1 TITLE

6.2 NAME

☐ DELETE

5.3 STREET ADORESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change

Addition