

DOCUMENT # P97000017547	
1. Entity Name ABACUS MARKETING GROUP INC.	

Principal Place of Business 106 HEMINGWAY COURT ROYAL PALM BEACH FL 33411	Mailing Address 106 HEMINGWAY COURT ROYAL PALM BEACH FL 33411
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	

Zip	Country	Zip	Country
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6. Name and Address of Current Registered Agent
MCCORMICK, MARGUERITE A 106 HEMINGWAY COURT ROYAL PALM BEACH FL 33411

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE	Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when reinstating)	DATE
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9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)
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FILE NOW!!! FEE IS \$150.00.
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.	<input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> Delete
NAME	P MCCORMACK, RALPH J
STREET ADDRESS	106 HEMINGWAY COURT
CITY-ST-ZIP	ROYAL PALM BEACH FL 33411
TITLE	<input type="checkbox"/> Delete
NAME	VP MCCORMACK, MARGURITE A
STREET ADDRESS	106 HEMINGWAY COURT
CITY-ST-ZIP	ROYAL PALM BEACH FL 33411
TITLE	<input type="checkbox"/> Delete
NAME	VP RADCLIFFE, WILLIAM
STREET ADDRESS	5211 N.E. 17 TERRACE
CITY-ST-ZIP	FORT LAUDERDALE FL 33334
TITLE	<input type="checkbox"/> Delete
NAME	V GALIMBERTI, LORETTA
STREET ADDRESS	106 HEMINGWAY COURT
CITY-ST-ZIP	ROYAL PALM BEACH FL 33411
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 	01/03/2001	861/795-1780
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #

FILED
Jan 10, 2001 8:00 am
Secretary of State

01-10-2001 90009 045 ***150.00



DO NOT WRITE IN THIS SPACE