

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

FILED

May 07 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 # **P97000080495 (9)**

1. Corporation Name
ABACUS SERVICES, INC.

Principal Place of Business 820 CORAL RIDGE DRIVE UNIT 303 CORAL SPRINGS FL 33071	Mailing Address 820 CORAL RIDGE DRIVE UNIT 303 CORAL SPRINGS FL 33071
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/17/1997	
4. FEI Number 65-0784543	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24	25
29	30

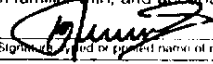
9. Name and Address of Current Registered Agent

**AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent

81 Name SPRACKLEN, NEVILLE BRIAN
82 Street Address (P.O. Box Number is Not Acceptable) 820 CORAL RIDGE DRIVE
83
84 City CORAL SPRINGS
85 Zip Code FL 33071

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  **NEVILLE B. SPRACKLEN - VICE PRESIDENT** **4/20/1998**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	☐ DELETE
NAME	PO SPRACKLEN, GILLIAN M
STREET ADDRESS	820 CORAL RIDGE DRIVE
CITY - ST - ZIP	CORAL SPRINGS FL 33071
TITLE	☐ DELETE
NAME	SVDT SPRACKLEN, NEVILLE B
STREET ADDRESS	820 CORAL RIDGE DRIVE
CITY - ST - ZIP	CORAL SPRINGS FL 33071
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	☒ Change ☐ Addition
1.2 NAME	PO SPRACKLEN, GILLIAN M
1.3 STREET ADDRESS	820 CORAL RIDGE DRIVE
1.4 CITY - ST - ZIP	CORAL SPRINGS, FL 33071
2.1 TITLE	☒ Change ☐ Addition
2.2 NAME	SVDT SPRACKLEN, NEVILLE B
2.3 STREET ADDRESS	820 CORAL RIDGE DRIVE
2.4 CITY - ST - ZIP	CORAL SPRINGS, FL 33071
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ 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:  **4/20/1998 (954) 7968055**

CR2E034 (10/97)