

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

FILED
Apr 10 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P18546 (2)
1. Corporation Name
A.B.T.S. INTERNATIONAL CORP.



Principal Place of Business BERLIN BUSINESS PARK 432 KELLY DR. BERLIN NJ 08009	Mailing Address BERLIN BUSINESS PARK 432 KELLY DR. BERLIN NJ 08009
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2. Principal Place of Business 21 432 Kelley Drive Suite, Apt. #, etc	2a. Mailing Address 26 432 Kelley Drive Suite, Apt. #, etc.
22 City & State 23 West Berlin, NJ 08091	27 City & State 28 West Berlin, NJ
24 Zip 25 Country	29 08091 30 USA

3. Date Incorporated or Qualified 03/24/1988	3a. Date of Last Report 04/02/1996
4. FEI Number 22-2906215	Applied For Not Applicable
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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstalling) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DALIA, DOMINIC A.	1.2 NAME	
STREET ADDRESS	BERLIN BUS.PK.432 KELLEY	1.3 STREET ADDRESS	
CITY-ST-ZIP	BERLIN NJ	1.4 CITY-ST-ZIP	
TITLE	AS <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEBB, BERTHA	2.2 NAME	
STREET ADDRESS	BERLIN BUS.PK.432 KELLY	2.3 STREET ADDRESS	
CITY-ST-ZIP	BERLIN NJ	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DALIA, DOMINIC A	3.2 NAME	
STREET ADDRESS	BERLIN BUS.PK.432 KELLEY	3.3 STREET ADDRESS	
CITY-ST-ZIP	BERLIN NJ	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DALIA, MICHAEL	4.2 NAME	
STREET ADDRESS	BERLIN BUS.PK.432 KELLEY	4.3 STREET ADDRESS	
CITY-ST-ZIP	BERLIN NJ	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILKINS, STUART A	5.2 NAME	
STREET ADDRESS	BERLIN BUS.PK.432 KELLEY	5.3 STREET ADDRESS	
CITY-ST-ZIP	BERLIN NJ	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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: *Dominic A. Dalia* **Dominic A. Dalia** President Date: 4/1/97 Daytime Phone # _____

CR2E034 (9/96)