

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

FILED
May 08 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # M97470 (2)
 1. Corporation Name
APPLICATION SYSTEMS, INC.



Principal Place of Business: **4996B W. ATLANTIC BLVD. MARGATE FL 33063 US**
 Mailing Address: **4996B W. ATLANTIC BLVD. MARGATE FL 33063-5398 US**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21 1001 E. SAMPLE RD		26 1001 E. SAMPLE RD.		09/07/1988	09/16/1996
22 # SE		27 # SE		4. FEI Number	Applied For
23 POMPANO BEACH FL		28 POMPANO BEACH		65-0089979	Not Applicable
24 33064-5113		29 33064-5113		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
25 BROWARD		30 BROWARD		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
26 BROWARD		31 BROWARD		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
STIA, RICHARD				81 Name LARRY MANKA			
4996B W. ATLANTIC BLVD.				82 Street Address (P.O. Box Number is Not Acceptable) 1001 E. SAMPLE RD # SE			
MARGATE FL 33063				83 POMPANO BEACH FL			
				84 City POMPANO BEACH FL			
				85 Zip Code 33064-5113			

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: *Jay W. Manka* DATE: **4/29/97**

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DPT	<input checked="" type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	STIA, RICHARD			1.2 NAME			
STREET ADDRESS	4996B W. ATLANTIC BLVD.			1.3 STREET ADDRESS			
CITY-ST-ZIP	MARGATE FL			1.4 CITY-ST-ZIP			
TITLE	DVS	<input type="checkbox"/> DELETE		2.1 TITLE	DPTS	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MANKA, LARRY			2.2 NAME	MANKA LARRY		
STREET ADDRESS	4996B W. ATLANTIC BLVD.			2.3 STREET ADDRESS	1001 E. SAMPLE RD # SE		
CITY-ST-ZIP	MARGATE FL			2.4 CITY-ST-ZIP	POMPANO BEACH FL, 33064-5113		
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				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: *Jay W. Manka* | DATE: **4/29/97** | ID: **954 785-0274**

CR2E034 (9/96)