

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 AM 8:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000041555 (1)

1. Corporation Name:

ASR AMERICAN SOFTWARE RESOURCES, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business: **124 S AMELIA AVE SUITE 201 DELAND FL 32724**
Mailing Address: **124 S AMELIA AVE SUITE 201 DELAND FL 32724**

3. Date Incorporated or Qualified: **06/03/1994** 3a. Date of Last Report

4. FEI Number: **59-3242602** 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 has liability for intangible tax under § 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **21** 2a. Mailing Address: **26**

22. State, Apt # etc. 27. State, Apt # etc.

23. City & State: 28. City & State

24. Zip: 25. Zip: 29. Zip: 30. Country:

9. Name and Address of Current Registered Agent

**GUSE, THERESA M
124 S AMELIA AVE
SUITE 201
DELAND FL 32724**

10. Name and Address of New Registered Agent

B1 Name: _____
B2 Street Address (P.O. Box Number is Not Acceptable): _____
B3 _____
B4 City: _____ FL B5 Zip Code: _____

11. Pursuant to the provisions of Sections 607.01(3)(b) and 607.15(2)(b), Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent in part 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 607.01(3)(b), Florida Statutes.

SIGNATURE: _____ OFFICE OF THE SECRETARY OF STATE

12. OFFICERS AND DIRECTORS:		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS (4-1):	
1. NAME: GUSE, THERESA M	2. STREET ADDRESS: 124 S AMELIA AVE SUITE 201	1. NAME: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3. CITY, STATE, ZIP: DELAND FL 32724		2. STREET ADDRESS: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		3. CITY, STATE, ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		4. NAME: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		5. STREET ADDRESS: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		6. CITY, STATE, ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		7. NAME: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		8. STREET ADDRESS: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		9. CITY, STATE, ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		10. NAME: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		11. STREET ADDRESS: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		12. CITY, STATE, ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the filer, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the reduced filing fee stated in Sections 607.01(3)(b) Florida Statutes. I further certify that the information included on this annual report or supplemental annual report is true and accurate and that the signature shall have the same legal effect as if made under oath. That I am available on-line for the reproduction of the record or the fee empowered to reproduce this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 or changed on an attachment with an address.

SIGNATURE: *Theresa M Guse*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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