

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

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95 JUN -8 PH 1:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-06/09/95--01086--018

****225.00 ****225.00

DO NOT WRITE IN THIS SPACE.

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **646487** (9)
1. Corporation Name
ADVANCED SYSTEMS DEVELOPMENT CORPORATION

Principal Place of Business
**411 MELBOURNE AVENUE
INDIALANTIC FL 32903**

Mailing Address
**411 MELBOURNE AVENUE
INDIALANTIC FL 32903**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21 411 Melbourne Ave		26 (same)		11/29/1979	05/01/1994
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For
22		27		59-2726554	Not Applicable
City & State		City & State		5. Certificate of Status Desired	☐ \$8.75 Additional Fee Required
23 Indianantic FL		28		6. Election Campaign Financing Trust Fund Contribution	☐ \$5.00 May Be Added to Fees
Zip		Zip		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	
24 32903	Country	25 Brevard	29	☐ Yes ☐ No	

9. Name and Address of Current Registered Agent

**MANNING, WALTER H., JR.
411 MELBOURNE AVENUE
INDIALANTIC FL**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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

Signature typed or printed name of registered agent and title if applicable

NOTE: Registered Agent Signature required when registering

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	MANNING, WALTER H JR	1.2 NAME	
STREET ADDRESS	411 MELBOURNE AVE	1.3 STREET ADDRESS	
CITY - ST - ZIP	INDIALANTIC, FL 00000	1.4 CITY - ST - ZIP	
TITLE	VSD	2.1 TITLE	☐ Change ☐ Addition
NAME	MANNING, MARGARET M	2.2 NAME	
STREET ADDRESS	411 MELBOURNE AVE	2.3 STREET ADDRESS	
CITY - ST - ZIP	INDIALANTIC, FL 00000	2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	☐ Change ☐ 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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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:

Margaret M. Manning
Margaret M. Manning

May 25, 1995 7:23-4149

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date