

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

DOCUMENT # **840101** (0)

1. Corporation Name

**APPLIED MEASUREMENT SYSTEMS, INC.**

95 APR -4 AM 11:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

**ONE OAKWOOD BLVD.  
SUITE 180  
HOLLYWOOD FL 33020**

Mailing Address

**ONE OAKWOOD BLVD.  
SUITE 180  
HOLLYWOOD FL 33020**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

**02/28/1978**

3a. Date of Last Report

**02/03/1994**

4. FEI Number

**59-1814302**

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 S. 199.032,  
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301**

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

(Signature, typed or printed name of registered agent and fee if applicable)

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**POT  
DOUGLASS, BARRY L.  
ONE OAKWOOD BLVD. #180  
HOLLYWOOD FL**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**VDS  
BERGER, ALLEN C.  
ONE OAKWOOD BLVD. #180  
HOLLYWOOD FL**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**VD  
RICKERSON, RONALD W.  
645 4TH STREET, STE 202  
BREMERTON WA**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**V  
DIGGS, JESSE S.  
400 BAYONET ST. #101  
NEW LONDON CT**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP

☐ Change ☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP

☐ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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)(b), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Allen C. Berger, Sr.*  
SIGNATURE AND TYPED OR PRINTED NAME OF GOVERNING OFFICER OR DIRECTOR

**Allen C. Berger, Sr. V.P. 1/30/95 (305) 925-0200**

(Date)

(Signature Number)