**FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00**

PROFIT CORPORATION ANNUAL REPORT

**1999**

FLORIDA DEPARTMENT OF STATE
**Katherine Harris**
Secretary of State
DIVISION OF CORPORATIONS

**FILED**
**Apr 20, 1999 8:00 am**
**Secretary of State**
04-20-1999 90131 033 ***158.75

DOCUMENT # **F64834**

1. Corporation Name
**ALLIED COMPUTER SYSTEMS, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 7672 301 BLVD.<br>SARASOTA FL 34243 | 7672 301 BLVD.<br>SARASOTA FL 34243 |

DO NOT WRITE IN THIS SPACE

| | |
|---|---|
| 2. Principal Place of Business<br>21 | 2a. Mailing Address<br>26 |
| Suite, Apt. #, etc.<br>22 | Suite, Apt. #, etc.<br>27 |
| City & State<br>23 | City & State<br>28 |
| Zip 24 Country 25 | Zip 29 Country 30 |

3. Date Incorporated or Qualifed: 01/27/1982

4. FEI Number: 59-2140979 — [X] Applied For [ ] Not Applicable

5. Certifcate of Status Desired [X] — **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [ ] — **$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. [ ] Yes [X] No

**9. Name and Address of Current Registered Agent**

GIGLIOTTI, FRANK
3104-65TH ST EAST
BRADENTON FL 34208

**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: [signature] FRANK Gigliotti — 4-13-99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P<br>GIGLIOTTI, FRANK<br>3104 65TH ST EAST<br>BRADENTON, FL 00000 | [ ] DELETE | 1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP | VP/S<br>Richard T. Schmidt<br>[redacted] 4121 51st Dr. W.<br>Bradenton Fl. 34210 | [X] Change [ ] Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VPST<br>BORTONE, LARRY<br>4835 48TH STREET W<br>BRADENTON FL 34310 | [X] DELETE | 2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP | T<br>June E. Schmidt<br>4121 51st Dr. W.<br>Bradenton Fl. 34210 | [ ] Change [X] Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | [ ] DELETE | 3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP | S<br>S.R. Gigliotti<br>3104 65th St. E.<br>Bradenton Fl. 34208 | [ ] Change [X] Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | [ ] DELETE | 4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP | | [ ] Change [ ] Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | [ ] DELETE | 5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP | | [ ] Change [ ] Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | [ ] DELETE | 6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP | | [ ] Change [ ] Addition |

14. I 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, with all other like empowered.

**SIGNATURE:** [signature] FRANK Gigliotti — 4-15-99 — (941)351-6514
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/98)