

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # F85096 (8)

1. Corporation Name

APPLIED TECHNOLOGY ASSOCIATES, INC.



Principal Place of Business

1605 GRAN VIA  
P.O. BOX 149434  
ORLANDO FL 32814

Mailing Address

1605 GRAN VIA  
P.O. BOX 149434  
ORLANDO FL 32814

3. Date Incorporated or Qualified

06/14/1982

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 501 B Herndon Ave 26 PO Box 149434

Suite, Apt., #, etc.

Suite, Apt., #, etc.

22 Orlando, FL 27 Orlando FL

City & State

City & State

23 24 32803 25 Orange 29 32814 30 Orange

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CAVALLERI, ROBERT J  
1605 GRAN VIA  
ORLANDO FL 32825

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 block applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY- ST- ZIP

P CAVALLERI, ROBERT J  
1605 GRAN VIA  
ORLANDO FL

TITLE NAME STREET ADDRESS CITY- ST- ZIP

VST CAVALLERI, MARICHU A  
1605 GRAN VIA  
ORLANDO FL

TITLE NAME STREET ADDRESS CITY- ST- ZIP

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE 12 NAME 13 STREET ADDRESS 14 CITY- ST- ZIP

2 1 TITLE 22 NAME 23 STREET ADDRESS 24 CITY- ST- ZIP

3 1 TITLE 32 NAME 33 STREET ADDRESS 34 CITY- ST- ZIP

4 1 TITLE 42 NAME 43 STREET ADDRESS 44 CITY- ST- ZIP

5 1 TITLE 52 NAME 53 STREET ADDRESS 54 CITY- ST- ZIP

6 1 TITLE 62 NAME 63 STREET ADDRESS 64 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 119.07(3)(a), 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

Marichu Cavalleri Marichu Cavalleri Sec. Treas 4/23/96 (407) 894 6151

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(Typed Name)

CR2E034 (12/95)