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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

	1996	100	DIVISIO	ON OF CORPO	PRATIONS				
DOCUI 1. Corporation	MENT #	H0762	21 (6)					
APPLI	IED SOLUTIO	NS INC.							
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Principal Place	of Business		Mailing Address		· ····································				
	AINS WALK		2180 CAPTAINS	C WALK					
	CH FL 32996		VERO BEACH I						
US						Date Incorporated or Qualified	3a. Date of	f Last R	eport
						06/13/1984		/01/19	•
	ace of Business		2a. Mailing Addres	\$		4. FEI Number	· • • · · · · · · · · · · · · · · · · ·		Applied For
Suite, Apt. i	# etc		26 Suite, Apt. #, e	te.		59-2420591			Not Applicable
22	., 0.0.		27	ii.		5. Certificate of Status Desired			Additional Required
City & State)		City & State		-	6. Election Campaign Financing			0 May Be
23			28			Trust Fund Contribution			d to Fees
Ζιρ 24	25	Country	Zip 29		ountry	8. This corporation has liability for Florida Statutes		under s	199.032,
		Address of Current	Registered Agent	30	T	Florida Statutes Yes 10. Name and Address of New F		ent	
					81 Name				
PARKE	r, terry L.				82 Street Add	fress (P.C. Box Number is Not Acceptat	ole)		
	APTAINS WALK								
VERO I	BEACH FL 3296	3			83				
					24 0			05 7	Code
					84 City			85 Zr	Code
11. Pursuant to	o the provisions of	Sections 607.0502	and 607.1508, Florida 5	Statutes, the at	1 1 1 1	pration submits this statement for the nu		1	1
11. Pursuant to or registere familiar wit	o the provisions of ed agent, or both, h. and accept the	Sections 607.0502 in the State of Florid obligations of Section	and 607.1508, Florida S a. Such change was au on 607.0505, Florida Sta	Statutes, the at	1 1 1 1	oration submits this statement for the pu ard of directors. I hereby accept the app		1	1
PICALATURE	ii, and accept the	obligations of, Section	ori 607.0505, Fiorida Sta	Statutes, the al thorized by the atutes.	1 1 1 1	oration submits this statement for the pu ard of directors. I hereby accept the app		1	1
SIGNATURE	ii, and accept the	d name of registered agent a	ort 607.0505, Florida Sta	(NOTE: Register	pove-named corpo e corporation's boar ed Agent signature require	ed when reirc.lating)	rpose of chang ointment as rec	ling its ri gistered	egistered office agent. I am
SIGNATURE 12.	Signature, typed or printed	obligations of, Section	ort 607.0505, Florida Sta and title if applicable DDIRECTORS	(NOTE: Register	pove-named corpo e corporation's boar ed Agent signature require		rpose of chang ointment as req DATE	ing its rigistered	egistered office agent. I am RS IN 12
SIGNATURE	Signature, typed or primer	OFFICERS AND	ort 607.0505, Florida Sta	(NOTE: Register	pove-named corporation's board agent signature require	ed when reirc.lating)	rpose of chang ointment as req DATE	ling its ri gistered	egistered office agent. I am
SIGNATURE 12. TITLE NAME	Signature, typed or printed	or partie of registered agent a OFFICERS AND	ort 607.0505, Florida Sta and title if applicable DDIRECTORS	(NOTE: Register 13 1.1	pove-named corpo e corporation's boar ed Agent signature require	ed when reirc.lating)	rpose of chang ointment as req DATE	ing its rigistered	egistered office agent. I am RS IN 12
SIGNATURE 12. TITLE	Signature, typed or private PD PARKER, TI	OFFICERS AND ERRY L. AINS WALK	ort 607.0505, Florida Sta and title if applicable DDIRECTORS	(NOTE: Register 13 1.1 1.2 1.3	ed Agent signature require	ed when reirc.lating)	rpose of chang ointment as req DATE	ing its rigistered	egistered office agent. I am RS IN 12
SIGNATURE	Sgnature, typed or private PD PARKER, TI 2180 CAPTA VERO BEAC S	d name of registered agent a OFFICERS AND ERRY L. AINS WALK CH FL	ort 607.0505, Florida Sta and title if applicable DDIRECTORS	(NOTE: Register 13 1.1 1.2 1.3 1.4	ed Agent signature require THILE NAME STREET ADDRESS	ed when reirc.lating)	PL rpose of chang ointment as reg DATE ICERS AND DI	ing its rigistered	egistered office agent. I am RS IN 12
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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:

| May | M