

**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 # **H59159 (4)**  
1. Corporation Name  
**NATURAL SYSTEMS ANALYSTS, INC.**



Principal Place of Business: **1331 PALMETTO AVE. STE 110 WINTER PARK FL 32789**  
Mailing Address: **1331 PALMETTO AVE. STE 110 WINTER PARK FL 32789**

3. Date Incorporated or Qualified: **05/29/1985**  
3a. Date of Last Report: **05/01/1995**  
4. F&I Number: **59-2535413**  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing:  **\$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, 22, 23, 24  
2a. Mailing Address: 26, 27, 28, 29, 30  
27: **#210**

9. Name and Address of Current Registered Agent  
**GOTTFRIED, PETER K.  
1331 PALMETTO AVE. STE. 110  
WINTER PARK FL 32789**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code: **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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: \_\_\_\_\_  
Signature of the person authorized to change the corporation's registered office or registered agent, or both, in the State of Florida. \_\_\_\_\_  
Signature of the person authorized to change the corporation's registered office or registered agent, or both, in the State of Florida. \_\_\_\_\_

12. OFFICERS AND DIRECTORS

|                |                               |                                 |
|----------------|-------------------------------|---------------------------------|
| TITLE          | <b>P</b>                      | <input type="checkbox"/> DELETE |
| NAME           | <b>GOTTFRIED, PETER K.</b>    |                                 |
| STREET ADDRESS | <b>1841 CARROLLEE LANE</b>    |                                 |
| CITY-ST-ZIP    | <b>WINTER PARK FL 32789</b>   |                                 |
| TITLE          | <b>V</b>                      | <input type="checkbox"/> DELETE |
| NAME           | <b>STOUT, I. JACK</b>         |                                 |
| STREET ADDRESS | <b>UNIV. CNTRL. FL. BIOL.</b> |                                 |
| CITY-ST-ZIP    | <b>ORLANDO FL 32816</b>       |                                 |
| TITLE          | <b>T</b>                      | <input type="checkbox"/> DELETE |
| NAME           | <b>GOTTFRIED, SUSAN</b>       |                                 |
| STREET ADDRESS | <b>1841 CARROLLEE LANE</b>    |                                 |
| CITY-ST-ZIP    | <b>WINTER PARK FL 32789</b>   |                                 |
| TITLE          | <b>S</b>                      | <input type="checkbox"/> DELETE |
| NAME           | <b>VARELA, SUSAN</b>          |                                 |
| STREET ADDRESS | <b>4010 MCDONOUGH AVE</b>     |                                 |
| CITY-ST-ZIP    | <b>ORLANDO FL</b>             |                                 |
| TITLE          |                               | <input type="checkbox"/> DELETE |
| NAME           |                               |                                 |
| STREET ADDRESS |                               |                                 |
| CITY-ST-ZIP    |                               |                                 |
| TITLE          |                               | <input type="checkbox"/> DELETE |
| NAME           |                               |                                 |
| STREET ADDRESS |                               |                                 |
| CITY-ST-ZIP    |                               |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                   |  |
|-------------------|--|
| 11 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 12 NAME           |  |
| 13 STREET ADDRESS |  |
| 14 CITY-ST-ZIP    |  |
| 21 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 22 NAME           |  |
| 23 STREET ADDRESS |  |
| 24 CITY-ST-ZIP    |  |
| 31 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 32 NAME           |  |
| 33 STREET ADDRESS |  |
| 34 CITY-ST-ZIP    |  |
| 41 TITLE          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42 NAME           |  |
| 43 STREET ADDRESS | <b>POB 1149, 23039 BIRDSONG LANE W/IF</b>                                    |
| 44 CITY-ST-ZIP    | <b>CHRISTMAS, FL 32709</b>   |
| 51 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 52 NAME           |  |
| 53 STREET ADDRESS |  |
| 54 CITY-ST-ZIP    |  |
| 61 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 62 NAME           |  |
| 63 STREET ADDRESS |  |
| 64 CITY-ST-ZIP    |  |

300001853313  
05/05/96 01044 008  
\*\*\*200.00

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)(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 or changes 1 or on an attachment with an address.

SIGNATURE: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/96  
407-644-6650  
5/1/96

CR2E034 (12/95)