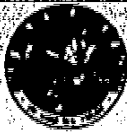


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 AM 1:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J39340 (1)

1. Corporation Name
MANAGEMENT DECISION SYSTEMS, INC.

Principal Place of Business
**407 GLEN RIDGE AVENUE
TEMPLE TERRACE FL 33617**

Mailing Address
**407 GLEN RIDGE AVENUE
TEMPLE TERRACE FL 33617**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/23/1986	3a. Date of Last Report 06/20/1994
4. FEI Number 59-2743225	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 its agents under S. 199-032, Florida Statutes ☐ Yes ☒ No	

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

9. Name and Address of Current Registered Agent

**WALTZ, A. J.
407 GLEN RIDGE AVENUE
TEMPLE TERRACE FL 33617**

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 of Agent, Registered Agent, Registered Agent and Secretary of State

Signature of Registered Agent, Registered Agent and Secretary of State

(Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	PST WALTZ, A. J. 407 GLEN RIDGE AVENUE TEMPLE TERRACE FL	1.1 TITLE ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY, ST, ZIP		1.2 NAME	
TITLE NAME STREET ADDRESS CITY, ST, ZIP		1.3 STREET ADDRESS	
TITLE NAME STREET ADDRESS CITY, ST, ZIP		1.4 CITY, ST, ZIP	
TITLE NAME STREET ADDRESS CITY, ST, ZIP		2.1 TITLE ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY, ST, ZIP		2.2 NAME	
TITLE NAME STREET ADDRESS CITY, ST, ZIP		2.3 STREET ADDRESS	
TITLE NAME STREET ADDRESS CITY, ST, ZIP		2.4 CITY, ST, ZIP	
TITLE NAME STREET ADDRESS CITY, ST, ZIP		3.1 TITLE ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY, ST, ZIP		3.2 NAME	
TITLE NAME STREET ADDRESS CITY, ST, ZIP		3.3 STREET ADDRESS	
TITLE NAME STREET ADDRESS CITY, ST, ZIP		3.4 CITY, ST, ZIP	
TITLE NAME STREET ADDRESS CITY, ST, ZIP		4.1 TITLE ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY, ST, ZIP		4.2 NAME	
TITLE NAME STREET ADDRESS CITY, ST, ZIP		4.3 STREET ADDRESS	
TITLE NAME STREET ADDRESS CITY, ST, ZIP		4.4 CITY, ST, ZIP	
TITLE NAME STREET ADDRESS CITY, ST, ZIP		5.1 TITLE ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY, ST, ZIP		5.2 NAME	
TITLE NAME STREET ADDRESS CITY, ST, ZIP		5.3 STREET ADDRESS	
TITLE NAME STREET ADDRESS CITY, ST, ZIP		5.4 CITY, ST, ZIP	
TITLE NAME STREET ADDRESS CITY, ST, ZIP		6.1 TITLE ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY, ST, ZIP		6.2 NAME	
TITLE NAME STREET ADDRESS CITY, ST, ZIP		6.3 STREET ADDRESS	
TITLE NAME STREET ADDRESS CITY, ST, ZIP		6.4 CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 190.07(2)(b), Florida Statutes. I further certify that the information included 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 owner or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 1, 2 or Block 1, 3 of changed, on an amendment with an address.

SIGNATURE:

A.J. Waltz
A.J. Waltz
SECRETARY AND REGISTERED AGENT OF SIGNING OFFICER OR DIRECTOR

APR 20 1995 (613) 989-2366