FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 PM 1:19

DOCUMENT # **J46314** **(7)**

1. Corporation Name
AHP SYSTEMS, INC.

Principal Place of Business	Mailing Address
390 HIGHWAY 434 W STE. 200 390 WEST HIGHWAY 434, #200 LONGWOOD FL 32750-5169 US	390 WEST HIGHWAY 434 STE- #200 LONGWOOD FL 32750-5169 US

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21 407 Wekiva Springs Rd.	26 407 Wekiva Springs Road	12/10/1986	04/25/1994
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number	Applied For / Not Applicable
22 Suite 301	27 Suite 301	52-1490710	
City & State	City & State	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
23 Longwood, FL	28 Longwood, FL	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip / Country	Zip / Country	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No	
24 32779-6097 25 U.S.A.	29 32779-6097 30 U.S.A.		

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
PAT GIOFFRE 390 WEST HIGHWAY 434 STE-200 LONGWOOD FL 32750	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 407 Wekiva Springs Road 83 Suite 301 84 City Longwood FL 85 Zip Code 32779-6097

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 _____ Patrick E. Gioffre, Treasurer 3/3/95
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	CD	11 TITLE		☐ Change ☐ Addition
NAME	ENGLISH, GLENN	12 NAME		
STREET ADDRESS	1800 MASSACHUSETTS AVE., N.W.	13 STREET ADDRESS		
CITY-ST-ZIP	WASHINGTON DC	14 CITY-ST-ZIP		
TITLE	PD	21 TITLE		☐ Change ☐ Addition
NAME	KABAT, ROBERT I.	22 NAME		
STREET ADDRESS	1800 MASSACHUSETTS AVE., N.W.	23 STREET ADDRESS		
CITY-ST-ZIP	WASHINGTON DC	24 CITY-ST-ZIP		
TITLE	SD	31 TITLE		☐ Change ☐ Addition
NAME	LOWERY, MARTIN J.	32 NAME		
STREET ADDRESS	1800 MASSACHUSETTS AVE., N.W.	33 STREET ADDRESS		
CITY-ST-ZIP	WASHINGTON DC	34 CITY-ST-ZIP		
TITLE	MD	41 TITLE		☐ Change ☐ Addition
NAME	WOOD, JACKSON E.	42 NAME		
STREET ADDRESS	1800 MASSACHUSETTS AVE., N.W	43 STREET ADDRESS		
CITY-ST-ZIP	WASHINGTON DC	44 CITY-ST-ZIP		
TITLE	T	51 TITLE		☒ Change ☐ Addition
NAME	GIOFFRE,PATRICK E.	52 NAME		
STREET ADDRESS	~~390 WEST HIGHWAY 434 STE 200~~	53 STREET ADDRESS	407 Wekiva Springs Road, Suite 301	
CITY-ST-ZIP	LONGWOOD FL	54 CITY-ST-ZIP	Longwood, FL 32779-6097	
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		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)(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.

SIGNATURE: Jackson E. Wood Jackson E. Wood 3/7/95 (202) 857-9632
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0418001 FP