FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # J46314 (7)

1. Corporation Name

AHP Systems, Inc.

Principal Place of Business	Mailing Address
390 West Highway 434 Suite 200 Longwood, FL 32750-5169 US	390 West Highway 434, Suite 200 Longwood, FL 32750-5169 US

2. Principal Place of Business	2a. Mailing Address
21 407 Wekiva Springs Rd.	26 407 Wekiva Springs Rd.
Suite, Apt. #, etc. 22 Suite 301	Suite, Apt. #, etc. 27 Suite 301
City & State 23 Longwood, FL	City & State 28 Longwood, FL
Zip / Country 24 32779-6097 / 25 U.S.A.	Zip / Country 29 32779-6097 / 30 U.S.A.

3. Date Incorporated or Qualified: 12/10/1986

3a. Date of Last Report: 03/07/95

4. FEI Number: 52-1490710 ☐ 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 intangible tax under s. 199.032, Florida Statutes XX ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

Pat Gioffre
407 Wekiva Springs Road, #301
Longwood, FL 32779-6097

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 _____ DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD English, Glenn 1800 Massachusetts Ave., N.W. Washington, D.C. 20036	☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	CD English, Glenn 4301 Wilson Blvd. Arlington, VA. 22203	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Kabat, Robert I. 1800 Massachusetts Ave., N.W. Washington, D.C. 20036	☒ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	PD Upshaw, Tom 4301 Wilson Blvd. Arlington, VA. 22203	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Lowery, Martin J. 1800 Massachusetts Ave., N.W. Washington, D.C. 20036	☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	SD Lowery, Martin J. 4301 Wilson Blvd. Arlington, VA. 22203	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MD Wood, Jackson E. 1800 Massachusetts Ave., N.W. Washington, D.C. 20036	☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	MD Wood, Jackson E. 4301 Wilson Blvd. Arlington, VA. 22203	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Gioffre, Patrick E. 407 Wekiva Springs Road, Ste. 301 Longwood, FL 32779-6097	☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	500001842949 -05/29/96--01093--030 ***200.00	☐ Change ☐ Addition

CR2E034 (12/95)

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 if changed, or on an attachment with an address.

SIGNATURE: Jackson E. Wood Jackson E. Wood 4/29/96 (703)907-5619

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #