FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

1. Corporation	MENT # J63467 NALYTICS, INC.	' (1)			U BARA DURA BITA DARU BARA RABA ADI
Principal Place of Business 3065 FERMANAGH DR TALLAHASSEE FL 32308 US		Mailing Address PO BOX 13854 TALLAHASSEE FL 32317-3854 US			
				3. Date Incorporated or Qualified 03/25/1987	3a, Date of Last Report 04/17/1996
2. Principal Pla	ce of Business	2a. Maiting Address		4. FEI Number	Applied For
21		26		59-2786423	Not Applicable
Suite, Apt #	, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
Crty & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zφ	Country	Zip	Country	8. This corporation has liability for	
24	25		30)	Florida Statutes 10. Name and Address of New Re	Yes No
eou.	9. Name and Address of Currer	it negistered Agent	81 Name	10. Maine and Address of New Ni	Alsolan Walli
	enker, pamela S. Fermanagh dr		00 00	(0.0. 5. 4)	
TALLAHASSEE FL 32308			82 Street Addr	ess (P.O. Box Number is Not Acceptal	ole)
,,,			83		
			84 City		85 Zip Code
					FL '
SIGNATURE	algration. Typed of parallel name of registered ag	ent and title if applicable. (NOTE	Registered Agent signature requir		DATE
12.	OFFICERS AN	ID DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTORS IN 12 Change Addition
TILE NAME	HALL, PETER D.	U Officia	1.1 TITLE 1.2 NAME		CLIMING TT MONTH
STREET ADDRESS	3065 FERMANAGH DR		1.3 STREET ADDRESS		2-2-4
CITY - ST - ZIF	TALLAHASSEE FL		1.4 CITY+ST-ZIP		3230F
TITLE	٧	DELETE	2.1 T(TLE		Change Addition
NAME	SCHENKER, PAMELA S.		2.2 NAME		
STREET ADDRESS	3065 FERMANAGH DR		2 3 STREET ADDRESS		3230P
CHTY - ST - ZiP	TALLAHASSEE FL	DELETE	2.4 CITY-ST-ZIP 3.1 TITLE		. Change Addition
THUS NAME		L_J otten	3.2 NAME	Σ_{i}	Fit Availed Fit Sandthoti
STREET ADDRESS			3.3 STREET ADDRESS		
City-S1-7IP			3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY - ST - Zip	Ayan, Alan	DELETE	4.4 CITY-ST-ZIP		Change Addition
TILE NAME		F"1 DETCIE	5.7 TITLE 5.2 NAME		Finantiae Fixedition
SIRFET ADDRESS			5.3 STREET ADDRESS		
CITY - ST - ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CHY-S1-7-P	codify that the information a malic	od with this filing does not exclid	6.4 CITY-ST-ZIP	I in Section 119.07(3)(i), Florida Statute	ne thurther certify that the
information	i indicated on this annual report or	supplemental annual report is tr	ue and accurate and that	my signature shall have the same leg 1 as required by Chapter 607, Florida	al effect as if made under oath; that

SIGNATURE:

FILED

Apr 24 1997 8:00am

Secretary of State

0049243