

**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

APPROVED  
AND  
FILED

95 MAR -7 PM 3:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **K30057** (9)

1. Corporation Name  
**AMERICAN DIGITAL SWITCHING, INC.**

Principal Place of Business Mailing Address  
**4255 DOW RD MELBOURNE FL 32934 US** **4255 DOW RD MELBOURNE FL 32934 US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **07/29/1988** 3a. Date of Last Report **04/15/1994**

4. FBI Number **59-2906691** 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  Yes  No

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

9. Name and Address of Current Registered Agent  
**MITCHELL, BRUCE A.  
1825 S RIVERVIEW DR  
MELBOURNE FL 32901**

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

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>
NAME	<b>OSTROW, RICHARD F</b>
STREET ADDRESS	<b>471 TRIER ROAD NW</b>
CITY - ST - ZIP	<b>PALM BAY FL</b>
TITLE	<b>D</b>
NAME	<b>JENSEN, MICHAEL D.</b>
STREET ADDRESS	<b>404 SCHOLL ST</b>
CITY - ST - ZIP	<b>AMERY WI</b>
TITLE	<b>DS</b>
NAME	<b>MCCONNELL, JAMES W.</b>
STREET ADDRESS	<b>112 MONTE VISTA DR</b>
CITY - ST - ZIP	<b>GATE CITY VA</b>
TITLE	<b>DT</b>
NAME	<b>EICHLER, EDWIN H.</b>
STREET ADDRESS	<b>7218 GIERGER ROAD</b>
CITY - ST - ZIP	<b>PIGEON MI</b>
TITLE	<b>DC</b>
NAME	<b>WOODY, JOHN</b>
STREET ADDRESS	<b>300 FOURTH ST</b>
CITY - ST - ZIP	<b>MT VIEW WY</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>D/P</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	<b>PALM BAY, FL 32907</b>
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	<b>AMERY, WI 54001</b>
3.1 TITLE	<b>D/S/T</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	<b>7667 N. WICKHAM ROAD APT. 1419</b>
3.4 CITY - ST - ZIP	<b>MELBOURNE, FL 32940</b>
4.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	<b>PIGEON, MI 48755</b>
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	<b>MT. VIEW, WY 82939</b>
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 noted in Section 119.07(3)(b), 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 affidavit.

SIGNATURE: Richard F. Ostrow RICHARD F. OSTROW 03/02/95 (407) 259-4250