


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

FILED
Jan 27 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # K70900 (1) 1. Corporation Name BILL AULT SYSTEMS, INC.			
Principal Place of Business % WILLIAM J. AULT 7066 STAPPOINT CT. WINTER PARK FL 32792-6880		Mailing Address % WILLIAM J. AULT 7066 STAPPOINT CT. WINTER PARK FL 32792	
2. Principal Place of Business 21 2822 FORSYTH RD. Suite, Apt. #, etc. 22 108 City & State 23 WINTER PARK Zip 24 32792 Country 25 USA		2a. Mailing Address 26 2822 FORSYTH RD Suite, Apt. #, etc. 27 108 City & State 28 WINTER PARK FL Zip 29 32792 Country 30 USA	
9. Name and Address of Current Registered Agent AULT, WILLIAM J. 1300 FERN FOREST RUN OVIEDO FL 32765		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
12. OFFICERS AND DIRECTORS			
TITLE	VP	<input type="checkbox"/> DELETE	
NAME	AULT, JOSEPH		
STREET ADDRESS	1300 FERN FOREST RUN		
CITY- ST- ZIP	OVIEDO FL 32765		
TITLE	DST	<input type="checkbox"/> DELETE	
NAME	AULT, BIDDIE		
STREET ADDRESS	1300 FERN FOREST RUN		
CITY- ST- ZIP	OVIEDO FL 32765		
TITLE	P	<input type="checkbox"/> DELETE	
NAME	AULT, WILLIAM J		
STREET ADDRESS	1300 FERN FOREST RUN		
CITY- ST- ZIP	OVIEDO FL 32765		
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY- ST- ZIP			
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY- ST- ZIP			
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY- ST- ZIP			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY- ST- ZIP			
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY- ST- ZIP			
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY- ST- ZIP			
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY- ST- ZIP			
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY- ST- ZIP			
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 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: <u>William J. Ault</u> President 01-20-97 (407) 657-0012 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			



CR2E034 (9/96)