SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/1/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

**PROFIT** CORPORATION **ANNUAL REPORT** 

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

L43283

(5)

| APPLIED DIGITAL TECHNOLOGY, INC.   |  |   |  |  |   |
|--|--|---|--|--|---|
| Principal Place  * BRUCE BF 3622 NE 4TH  | RASHEAR  | Mailing Address  Substitute Shashear  3622 NE 4TH ST                                      |  | 1 10011011 011 81009 11110 11601 18190             | IKIR BUBUN BUBUN BUBUN BUBUN BUBUN DIBUN HABU |
| GAINESVILLE FL 32609   |  | GAINESVILLE FL 32609  |  | 3. Date incorporated or Qualified                  | 3a. Date of Last Report                       |
|  |  |   |  | 01/11/1990   | 05/01/1995                                    |
| 2. Principal Pl  | ace of Business                                | 2a. Mailing Address   |  | 4, FEI Number                                      | Applied For                                   |
| 21   |  | 26  |  | 59-2990109   | Not Applicable                                |
| Suite, Apt   | #, etc   | Suite, Apt. #, etc.   | ··· · · · ·  | 5. Certificate of Status Desired                   | S8.75 Additional                              |
| 22   |  | 27  |  |  | Fee Required                                  |
| City & State   | <b>&gt;</b>                                    | City & State  |  | 6. Election Campaign Financing                     | \$5.00 May Be                                 |
| 23   |  | 7   | Country  | Trust Fund Contribution                            | Added to Fees                                 |
| Zip  | Country<br>25                                  | Z <sub>I</sub> p  | Country<br>30  | This corporation has hability for Florida Statutes | intangible tax under s. 199 032,<br>Tes Do    |
| 24   | 9. Name and Address of Cur                     |   | 30   | 10. Name and Address of New Re                     | <del></del>                                   |
|  |  | TOTAL PROGRAMMENT   | B1 Name  | 10, 110/1/2 01/2 01/2 01/2                         |   |
|  | RASHEAR, BRUCE                                 |   |  | 700 p. N   |   |
|  | 7 E UNIVERSITY AVE                             |   | 82 Street Ad   | ldress (P.O. Box Number is Not Acceptat            | ole)  |
| G/   | vinesville fl 32601                            |   | 83   |  |   |
|  |  |   |  |  |   |
|  |  |   | <b>84</b> City   |  | FL 85 Zip Code                                |
| SIGNATURE  | Signature, typed or printed name of requirered | nligations of, Section 607.0505, Florageriand title Copylicable (607.0505)  AND DIRECTORS | E. Registered Agent signature rec  | pured when reinstalling) ADDITIONS/CHANGES TO OFFI | CIA'E   |
| TITLE  |  | AND DIRECTORS  DELETE   | 13.<br>11TiTiE   | ADDITIONS/CHANGES TO OFFI                          | Change Addition                               |
| NAME   | PT<br>Davis, John T                            |   | 1 2 NAME   |  |   |
| STREET ADDRESS   | 3622 NE 4TH ST                                 |   | 1 3 STREET ADDRESS   |  |   |
| CITY - ST - ZIP  | GAINESVILLE FL                                 |   | 1 4 CITY - ST - ZIP  |  |   |
| TITLE  | S  | DELETE  | 2 I TIFLE  |  | Change Addition                               |
| NAME   | MERIDETH, ANN L                                |   | 2.2 NAME   |  |   |
| STREET ADDRESS   | 3622 NE 4TH ST                                 |   | 2 3 STREET ADORESS   |  |   |
| CITY-ST-ZIP  | GAINESVILLE FL                                 |   | 2 4 CITY - ST - ZIP  |  |   |
| TITLE  |  | DELETE  | 3 1 TiTLE  |  | Change Addition                               |
| NAME   |  |   | 3.2 NAME   |  |   |
| STREET ADDRESS   |  |   | 3.3 STREET ADDRESS   |  |   |
|  |  |   |  |  |   |
| CITY-ST-ZIP  |  |   | 34 DITY-ST-ZIP   |  |   |
| CITY-ST-ZIP<br>TITLE   |  | DÉLETE  | 4 1 THLE   |  | Change Addition                               |
| TITLE<br>NAME  |  | DÉLETE  | 4 1 THLE<br>4 2 NAME   |  | Change Additio                                |
| TITLE<br>NAME<br>STREET ADDRESS  |  | DÉLETE  | 4 1 THLE 4 2 NAME 4 3 STREET ADDRESS   |  | Change Additio                                |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |  |   | 4 1 THLE  4 2 NAME  4 3 STREET ADDRESS  4 4 CITY - ST- ZIP   |  |   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE  |  | DÉLETÉ  | 4 1 THLE 4 2 NAME 4 3 STREET ADDRESS 4 4 CITY - ST- ZIP 5 1 THLE   |  |   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME                                       |  |   | 4 1 THLE 4 2 NAME 4 3 STREET ADDRESS 4 4 CHY - ST - ZIP 5 1 THLE 5 2 NAME  |  |   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS                        |  |   | 41 THLE 4 2 NAME 4 3 STREET ADDRESS 4 4 CITY - ST-ZIP 5 1 THLE 5 2 NAME 5 3 STREET ADDRESS   |  |   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP            |  | DELETÉ  | 4 1 THLE 4 2 NAME. 4 3 STREET ADDRESS 4 4 City - St - Zip 5 1 THLE 5 2 NAME 5 3 STREET ADDRESS 5 4 City - St - Zip                 |  | Charge Addition                               |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE      |  |   | 41 THLE 4 2 NAME 4 3 STREET ADDRESS 4 4 CITY - ST - ZIP 5 1 THLE 5 2 NAME 5 3 STREET ADDRESS 5 4 CITY - ST - ZIP 6 1 THLE          |  |   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME |  | DELETÉ  | 41 THLE 4 2 NAME 4 3 STREET ADDRESS 4 4 CITY - ST - ZIP 5 1 THLE 5 2 NAME 5 3 STREET ADDRESS 5 4 CITY - ST - ZIP 6 1 THLE 6 2 NAME |  | Charge Addition                               |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE      |  | DELETÉ  | 41 THLE 4 2 NAME 4 3 STREET ADDRESS 4 4 CITY - ST - ZIP 5 1 THLE 5 2 NAME 5 3 STREET ADDRESS 5 4 CITY - ST - ZIP 6 1 THLE          |  | Charge Addition                               |

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 617. Florida Statutes and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address. SIGNATURE: CHARLES DEVICED AME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR