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 MAY 23 AM 10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L81346** **(3)**

1. Corporation Name
ALLIANCE PROPERTY SYSTEMS, INC.

Principal Place of Business	Mailing Address
3300 UNIVERSITY DR. #615-10 #615 CORAL SPRINGS FL 33065 US	3300 UNIVERSITY DR. #615-10 #615 CORAL SPRINGS FL 33065 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/15/1990
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business	2a. Mailing Address
21 7101 W. COMMERCIAL BLVD	26 7101 W. COMMERCIAL BLVD
Suite, Apt. #, etc. 22 #4-A	Suite, Apt. #, etc. 27 #4-A
City & State 23 FT. LAUDERDALE, FL	City & State 28 FT. LAUDERDALE, FL
Zip 24 33319 Country 25	Zip 29 33319 Country 30

4. FEI Number: 65-0202655 [ ] 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. The corporation has nothing to declare under s. 607 Florida Statutes [ ] F.S. [ ] N/A

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
LARUE, CLIFF 3300 UNIVERSITY DR. #615-10 #615 CORAL SPRINGS FL 33065	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 617.0502, 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 the Florida Statutes.

SIGNATURE [signature] CLIFF LARUE, PRES 5/18/95

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS
TITLE: PD NAME: LARUE, CLIFF STREET ADDRESS: 3300 UNIVERSITY DR., #615 CITY-ST-ZIP: CORAL SPRINGS FL	[ ] Change [ ] Addition
TITLE: VD NAME: LARUE, SUSAN STREET ADDRESS: 3300 UNIVERSITY DR., #615 CITY-ST-ZIP: CORAL SPRINGS FL	[ ] Change [ ] Addition
	[ ] Change [ ] Addition
	[ ] Change [ ] Addition
	[ ] Change [ ] Addition
	[ ] Change [ ] Addition

14. I 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)(i), Florida Statutes. I further certify that the information indicated on this 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: [signature] PRES 5/18/95 305-724-2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: CLIFF LARUE

EXT-2

0109466 CP

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CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE

APPROVED AND FILED

DOCUMENT # **L81422** **(2)**

1. Corporate Name

BARACUDA INTERNATIONAL CORPORATION

Principal Place of Business

% PRENTICE-HALL CORPORATION SYSTEM INC
110 N MAGNOLIA ST
TALLAHASSEE FL 32301

Mailing Address

% PRENTICE-HALL CORPORATION SYSTEM INC
110 N MAGNOLIA ST
TALLAHASSEE FL 32301

TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/19/1990

3a. Date of Last Report: 04/06/1994

4. FEI Number: 65-0207520 — 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. The corporation has liability for intangible tax under s. ... Florida Statutes. [ ] Yes [ ] No

2. Principal Place of Business — 21, 22 Suite, Apt. # etc., 23 City & State, 24 Zip, 25 Country

2a. Mailing Address — 26, 27 Suite, Apt. # etc., 28 City & State, 29 Zip, 30 Country

9. Name and Address of Current Registered Agent

PRENTICE-HALL CORPORATION SYSTEM INC
110 N MAGNOLIA ST
TALLAHASSEE FL 32301

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE	D	TITLE	[ ] Change [ ] Addition
NAME	ELKINS, HOWARD F	NAME	
STREET ADDRESS	2867 WYNGATE NE	STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA	CITY-ST-ZIP	
TITLE	DP	TITLE	P [X] Change [X] Addition
NAME	GREEK, HOWARD R DELETE	NAME	CHRIS McKITTRICK
STREET ADDRESS	3220 S TERRA MAR DR	STREET ADDRESS	20076 OCEAN KEY DR
CITY-ST-ZIP	POMPANO BEACH FL	CITY-ST-ZIP	BOCA RATON, FL 33498
TITLE	DTS	TITLE	[ ] Change [ ] Addition
NAME	HARDIN, WILLIAM S	NAME	
STREET ADDRESS	3731 IVY RD NE	STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA	CITY-ST-ZIP	
TITLE		TITLE	[ ] Change [ ] Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	[ ] Change [ ] Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	[ ] Change [ ] Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 stated in Section 119.07(1)(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: [signature] CHRIS McKITTRICK

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date — Daytime Phone #

0028841 CP