SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $305)

NONPROFIT CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 14 AM 9:22

DOCUMENT # **N93000004137 (6)**

1. Corporation Name
NORTH AMERICAN USERS' GROUP OF APPLIED SYSTEMS, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
1015 SEMORAN BLVD. CASSELBERRY FL 32707	1015 SEMORAN BLVD. #205 CASSELBERRY FL 32707

3. Date Incorporated or Qualified: 09/08/1993
3a. Date of Last Report: 06/21/1994
4. FEI Number: 59-3206816 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **FILING FEE IS $61.25**
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
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / County 25	Zip 29 / County 30

9. Name and Address of Current Registered Agent

OWENS, JACK E
2731 SILVER STAR ROAD
ORLANDO FL 32808

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City **FL** 35 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	~~P~~	11 TITLE	SECRETARY/TREASURER	☑ Change ☑ Addition
NAME	BARTOSH, BRIAN	12 NAME	RANDAL E. TEICH	
STREET ADDRESS	514 N. RIPLEY BLVD.	13 STREET ADDRESS	P.O. BOX 180027	
CITY-ST-ZIP	ALPENA MI	14 CITY-ST-ZIP	AUSTIN TX 78718-0027	
TITLE	~~VP~~ PRESIDENT	21 TITLE	PRESIDENT	☑ Change ☐ Addition
NAME	NIES, JERRY	22 NAME	JERRY NIES	
STREET ADDRESS	8700 NE VANCOUVER MALL DR., #101	23 STREET ADDRESS	8700 NE VANCOUVER MALL DR #101	
CITY-ST-ZIP	VANCOUVER WA	24 CITY-ST-ZIP	VANCOUVER WA	
TITLE	~~V~~ VICE PRESIDENT	31 TITLE	VICE PRESIDENT	☑ Change ☐ Addition
NAME	VAN CLEAVE, WILLIAM R	32 NAME	WILLIAM R. VANCLEAVE	
STREET ADDRESS	106 E. JEFFERSON	33 STREET ADDRESS	106 E. JEFFERSON	
CITY-ST-ZIP	BLOOMFIELD IA	34 CITY-ST-ZIP	BLOOMFIELD IA	
TITLE	D	41 TITLE		☐ Change ☐ Addition
NAME	MIDDLETON, RODGER K	42 NAME		
STREET ADDRESS	103-276 BEDFORD HWY.	43 STREET ADDRESS		
CITY-ST-ZIP	HALIFAX NO	44 CITY-ST-ZIP		
TITLE	D	51 TITLE		☐ Change ☐ Addition
NAME	GERMANA, JOSEPH T	52 NAME		
STREET ADDRESS	3900 SNOW RD.	53 STREET ADDRESS		
CITY-ST-ZIP	PARMA OH	54 CITY-ST-ZIP		
TITLE	~~D~~	61 TITLE	EXECUTIVE DIRECTOR	☑ Change ☑ Addition
NAME	~~BETRAND, BRENDA~~	62 NAME	GILDA M. CULBERSON	
STREET ADDRESS	~~243 LA RUE FRANCE~~	63 STREET ADDRESS	1015 SEMORAN BLVD. #205	
CITY-ST-ZIP	~~LAFAYETTE LA~~	64 CITY-ST-ZIP	CASSELBERRY, FL 32707	

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(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Gilda M. Culberson Gilda M. Culberson 6/5/95 407 331-8131
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (3/95)

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