

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N93000004137 (6)

1. Corporation Name

NORTH AMERICAN USERS' GROUP OF APPLIED SYSTEMS, INC.



Principal Place of Business

Mailing Address

1015 SEMORAN BLVD.
CASSELBERRY FL 32707

1015 SEMORAN BLVD #205
CASSELBERRY FL 32707
US

3. Date Incorporated or Qualified
09/08/1993

3a. Date of Last Report
06/14/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
59-3206816

Applied For
Not Applicable

22

27

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

23

28

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be Added to Fees

24

25

Country

29

30

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**OWENS, JACK E
2731 SILVER STAR ROAD
ORLANDO FL 32808**

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 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SECT
TEICH, RANDAL E
P.O. BOX 180027 NA
AUSTIN TX** ☒ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
**SECT
GOODMAN, DEANNA
P.O. BOX 276617
SACRAMENTO, CA 95827** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PRES
NIES, JERRY
8700 NE VANCOUVER MALL DR., #101
VANCOUVER WA** ☒ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
**PRES
VAN CLEAVE, WILLIAM R
106 E. JEFFERSON
BLOOMFIELD, IA** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPRE
VANCLEAVE, WILLIAM R
106 E JEFFERSON
BLOOMFIELD IA** ☒ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
**VPRES.
TEICH, RANDAL E.
P.O. BOX 180027 NA
AUSTIN, TX** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MIDDLETON, RODGER K
103-276 BEDFORD HWY.
HALIFAX NO** ☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
GERMANA, JOSEPH T
3900 SNOW RD.
PARMA OH** ☒ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
**D
SYROID, DONNA
333 S. MAIN ST.
AKRON, OH 44308** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ED
CULBERSON, GILDA M
1015 SEMORAN BLVD #205
CASSELBERRY FL** ☐ DELETE

6.1 TITLE
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 stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)