

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 03 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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 327071015 SEMORAN BLVD #205
CASSELBERRY FL 32707-5757
US3. Date Incorporated or Qualified
09/08/19933a. Date of Last Report
04/22/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number
59-3206816Applied For
Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

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

81 Name
Schafer, Mitchell & Sheridan, P.A.82 Street Address (P.O. Box Number is Not Acceptable)
200 E. Robinson St. Ste 700

83

84 City
Orlando

FL

85 Zip Code
32801

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

Michael R. Schaffer - Vice President

2-24-97

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	SECT	<input type="checkbox"/> DELETE
NAME	GOODMAN, DEANNA	
STREET ADDRESS	P.O. BOX 276617	
CITY-ST-ZIP	SACRAMENTO CA	
TITLE	PRES	<input checked="" type="checkbox"/> DELETE
NAME	VAN CLEAVE, WILLIAM R.	
STREET ADDRESS	106 E JEFFERSON	
CITY-ST-ZIP	BLOOMFIELD IA	
TITLE	V	<input type="checkbox"/> DELETE
NAME	TEICH, RANDAL E.	
STREET ADDRESS	P.O. BOX 180027 NA	
CITY-ST-ZIP	AUSTIN TX	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MIDDLETON, RODGER K	
STREET ADDRESS	103-276 BEDFORD HWY.	
CITY-ST-ZIP	HALIFAX NO	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SYROID, DONNA	
STREET ADDRESS	333 S. MAIN ST	
CITY-ST-ZIP	AKRON OH	
TITLE	ED	<input type="checkbox"/> DELETE
NAME	CULBERSON, GILDA M	
STREET ADDRESS	1015 SEMORAN BLVD #205	
CITY-ST-ZIP	CASSELBERRY FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS	3400 Bradshaw St. A4A	
1.4 CITY-ST-ZIP	ZIP 95827	
2.1 TITLE	Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	SECT / T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP	ZIP B3M 2K6	
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 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

2/10/97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0012841

CR2E037 (9/96)