NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

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DOCUMENT # N93000004137

L. Comoration Name

2. Principal Place of Business

Suite, Apl. #, etc.

City & State

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APPLIED SYSTEMS CLIENT NETWORK, INC.

Principal Place of Business	Mailing Address
801 DOUGLAS AVE	BOI DOUGLAS AVE
SUITE 205	SUITE 205
ALTAMONTE FL 32714	altamonte fl 327

Country ---

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FILED Mar 08, 1999 8:00 am Secretary of State

03-08-1999 90062 012 ****61.25

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

* 2 9 4 3 5 * * 2 90435 - 90038 - 29



3. Date Incorporated or Qualifed

5. Certificate of Status Desired

Trust Fund Contribution

6. Election Campaign Financing

09/08/1993

59-3206816

4. FEI Number

• • • • • • • • • • • • • • • • • • • •	9. Name and Address of Curre	ent Registered Agent				10. Name and Address of New Registered Agent
				81	Nam	ne ·
SCHAFER, MITCHELL P			82	Stre	et Address (P.O. Box Number is Not Acceptable)	
200 E. ROBINSON ST., STE 700			\Box			
ORLANDO	FL 32801			83		
				84	City	85 Zip Code
						FL ° L C C C C C C C C C
Office or h	to the provisions of Sections 617.05 egistered agent, or both, in the Stat in familiar with, and accept the oblig	e of Florida. Such Chai	กดองพวลเฮนบาด	nzeg by	rue co	ed corporation submits this statement for the purpose of changing its registered reporation's board of directors. I hereby accept the appointment as registered
IGNATURE		and and title if anoticable	(NOTE: Rec	ntered Actor	d alconoli	re required when reinstating) DATE
2.	Signature, typed or printed name of registered as	ND DIRECTORS	(NOTE NO	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
T.E	ρρ Δ		DELETE	1.1 TITLE		☐ Change ☐ Addition
we i	GOODMAN, DEANNA			12 NAME		
REET ADDRESS	3400 BRADSHAW ST., A4A	DIRECT	TAD	1.3 STREET	ADDRE	Sec.
	SACRAMENTO CA	DIRECT				
TY-ST-ZIP TLE	VP D	<u></u>		1.4 CITY-ST-ZIP 2.1 TITLE		☐ Change ☐ Addition
	•			2.2 NAME		
WE	TAYLOR, TOM JR		0	23 STREET	LADDOE	
TREET ADDRESS	3401 S. 19TH ST	DIRECTO	<i>i</i> -C	2.4 CITY-S		33
TY-ST-ZIP	TACOMA WA			3.1 TITLE	1-212	☐ Change ☐ Addition
TLE	APPries D	٠.		3.2 NAME		
AME (MIDDLETON, RODGER K	X10- 00		3.3 STREET		~
TREET ADDRESS		DIRECT	OR			35
ITY-ST-ZIP	HALIFAX NO		DELETE	34. CITY-S	7-ZIP	☐ Change ☐ Addition
TLE '	ST D	i,	DELETE			
AME	SYROID, DONNA		- 0	4.2 NAME		
TREET ADDRESS	*** ** ***	DIRECT		4.3 STREET		,
TY-ST-ZIP	AKRON OH			4.4 CITY-ST	-ZP	☐ Change ☐ Addition
MLE .	ED	υı	DELETE	5.1 TITLE 5.2 NAME		C 4 m dv C 1 m m m
ALE.	CULBERSON, GILDA M		ŀ		, *UUU	90
TREET ADDRESS	***			5.3 STREET		99
ity-st-zip	ALTAMONTE FL 32714		05, 575	5.4 CITY-ST-ZIP 6.1 TITLE		☐ Change ☐ Addition
ITLE			DELETE			
AME				8.2 NAME		[
STREET ADORESS	1			6.3 STREET		SS
CITY-ST-ZIP				6.4 CITY-ST		
						ted in Section 119.07(3)(i), Florida Statutes, I further certify that the information gnature shall have the same legal effect as if made under oath; that I am an as required by Chapter 617, Florida Statutes; and that my name appears in

Country

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