

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 17 PM 1:31

DOCUMENT # P92000011557 (5)

1. Corporation Name

HANDS ON SYSTEMS, INC.

Principal Place of Business

2012 FISHER ISLAND DRIVE
FISHER ISLAND FL 33109
US

Mailing Address

2012 FISHER ISLAND DRIVE
FISHER ISLAND FL 33109
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/14/1992

3a. Date of Last Report

06/16/1994

4. FEI Number

65-0382855

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

2. Principal Place of Business

2a. Mailing Address

21

2a

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KUTUN, BARRY
2012 FISHER ISLAND DRIVE
FISHER ISLAND FL 33109

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

Signature of Registered Agent (Registered agent is the Registered Agent)

Signature of Registered Agent (Registered agent is the Registered Agent)

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY, ST, ZIP

PD
KUTUN, BARRY
2012 FISHER ISLAND DRIVE
FISHER ISLAND FL

1. 1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY, ST, ZIP

☐ Change ☐ Addition

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY, ST, ZIP

D
GUSTAFSON, THOMAS F
401 POINCIANA DRIVE
FT. LAUDERDALE FL

2. 1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY, ST, ZIP

☐ Change ☐ Addition

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY, ST, ZIP

3. 1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY, ST, ZIP

☐ Change ☐ Addition

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY, ST, ZIP

4. 1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY, ST, ZIP

☐ Change ☐ Addition

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY, ST, ZIP

5. 1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY, ST, ZIP

☐ Change ☐ Addition

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY, ST, ZIP

6. 1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY, ST, ZIP

☐ 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 Sections 119.07(2)(b) Florida Statutes. I further certify that the information only appears on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if my name only, 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 as changed, or added or removed with an address.

SIGNATURE:

Barry Kutun
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
BARRY KUTUN, PRES.

1/7/95

305-535-4244