

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000050389 (4)

1. Corporation Name

ASSOCIATED COMPUTER GROUP, INC.



Principal Place of Business

410 NORTH ST
#138
LONGWOOD FL 32750
US

Mailing Address

1384 BENNETT DR.
SUITE 138
LONGWOOD FL 32750

3. Date Incorporated or Qualified
07/12/1993

3a. Date of Last Report
01/31/1995

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 410 NORTH ST.

27 Suite, Apt. #, etc.

27 SUITE 138

28 City & State

28 LONGWOOD FL

29 Zip

29 32750

30 Country

30 SEMINOLE

4. FEI Number

59-3195675

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

\$5.00 May Be
Added to Fees

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

ALBERICO, DAVID
1384 BENNETT DR.
SUITE 138
LONGWOOD FL 32750

ADDRESS
CHANGE
ONLY

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

410 NORTH STREET

83

SUITE 138

84

CITY LONGWOOD

FL

85 Zip Code

32750

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] PRES.

(Typed Name of Registered Agent, required when for statutory agent)

3-29-96

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME ALBERICO, DAVID
STREET ADDRESS 119 TOLL GATE TRAIL
CITY-STATE-ZIP LONGWOOD FL 32750

TITLE D ☒ DELETE

NAME SPEARS, LOU
STREET ADDRESS 2432 BARBADOS DR.
CITY-STATE-ZIP WINTER PARK FL 32792

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE

[Signature]

DAVID ALBERICO

3-29-96

407 260 8762

(Typed Name of Signing Officer or Director)

Use

Distinctive Phone #

CR2E034 (12/95)