

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Senate B. McMath
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY 31 AM 8:16

DOCUMENT # **P93000066470 (4)**

1. Corporation Name

ASSIDUOUS SYSTEMS & CONSULTING, INC.

Principal Place of Business

12097 SW 14TH ST
PEMBROKE PINES FL 33025

Mailing Address

P O BOX 821804 N/A
SOUTH FLORIDA MPC FL 33082
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/23/1993

3a. Date of Last Report

05/20/1994

2. Principal Place of Business

21

2a. Mailing Address

26

4. FEI Number

65-0439147

Applied For

Not Applicable

Suite, Apt. #, etc

22

Suite, Apt. #, etc

27

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

City & State

23

City & State

28

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

Zip

24

Country

25

Zip

29

Country

30

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

PRUETT, CHARLES L JR
1770 CRANE CREEK BLVD
MELBOURNE FL 33294

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 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, typed or printed name of registered agent and title # required)

(DATE) (Registered Agent signature required when re-registered)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: DPT
NAME: PRUETT, GREGORY L
STREET ADDRESS: 12097 SW 14TH ST
CITY - ST - ZIP: PEMBROKE PINES FL

11 TITLE: Change Addition
12 NAME: PRUETT
13 STREET ADDRESS:
14 CITY - ST - ZIP:

TITLE: DV
NAME: CROUCH, BARRY L
STREET ADDRESS: 1551 NW 96 AVE
CITY - ST - ZIP: PEMBROKE PINES FL

21 TITLE: DV
22 NAME: RACHAEL ABDULAIMI
23 STREET ADDRESS: 713 NW 103 TERRACE
24 CITY - ST - ZIP: PEMBROKE PINES, 33026

TITLE: D
NAME: CROUCH, JOAN B
STREET ADDRESS: 1551 NW 96 AVE
CITY - ST - ZIP: PEMBROKE PINE FL

31 TITLE: Change Addition
32 NAME:
33 STREET ADDRESS:
34 CITY - ST - ZIP:

TITLE: DS
NAME: BREWSTER, JOYCE
STREET ADDRESS: 2021 NW 106 AVE
CITY - ST - ZIP: PEMBROKE PINES FL

41 TITLE: Change Addition
42 NAME:
43 STREET ADDRESS:
44 CITY - ST - ZIP:

TITLE: D
NAME: BREWSTER, JERRY L
STREET ADDRESS: 2021 NW 106 AVE
CITY - ST - ZIP: PEMBROKE PINES FL

51 TITLE: Change Addition
52 NAME:
53 STREET ADDRESS:
54 CITY - ST - ZIP:

TITLE:
NAME:
STREET ADDRESS:
CITY - ST - ZIP:

61 TITLE: Change Addition
62 NAME:
63 STREET ADDRESS:
64 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(4), Florida Statutes. I further certify that the information indicated as the annual report or supplementary 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, in or attached with an address.

SIGNATURE:

Gregory L Pruet

GREGORY L PRUETT

5/26/95

(305)
436-1991

(Signature, typed or printed name of signing officer or director)

(Date)

(Telephone No.)