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CORPORATION
ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 24 PM 3:45

DOCUMENT # **P94000035892 (6)**

1. Corporation Name
APPLIED INFORMATION SYSTEMS, INC.

Principal Place of Business
~~1850 FOREST HILL BLVD~~
~~SUITE 101~~
~~WEST PALM BEACH FL 33406~~

Mailing Address
~~1850 FOREST HILL BLVD~~
~~SUITE 101~~
~~WEST PALM BEACH FL 33406~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/09/1994
3a. Date of Last Report: N/A

2. Principal Place of Business
21 4152 W. Blue Heron Blvd.
Suite, Apt. #, etc.
22 Suite 115
City & State
23 Riviera Beach, FL
Zip 24 33404 Country 25 USA

2a. Mailing Address
26 4152 W. Blue Heron Blvd.
Suite, Apt. #, etc.
27 Suite 115
City & State
28 Riviera Beach, FL
Zip 29 33404 Country 30 USA

4. FEI Number: 65-0502545 — 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 authority to engage in business in other states (Florida Statutes) [✓] Yes [ ] No

9. Name and Address of Current Registered Agent
NEWBOLD, GARY S
~~1850 FOREST HILL BLVD~~
~~SUITE 101~~
~~WEST PALM BEACH FL 33406~~

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 1850 Forest Hill Blvd
83 Suite 115
84 City: Riviera Beach FL 85 Zip: 33404

11. Pursuant to the provisions of Section 607.0501 and 607.0505, 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

12. OFFICERS AND DIRECTORS

TITLE	PVST
NAME	NEWBOLD, GARY S
STREET ADDRESS	~~2516 10TH AVE N APT 101-J~~
CITY, ST, ZIP	~~WEST PALM BEACH FL 33461~~
TITLE	D
NAME	NEWBOLD, GARY S
STREET ADDRESS	~~2516 10TH AVE N APT 101-J~~
CITY, ST, ZIP	~~WEST PALM BEACH FL 33461~~

13. ADDITIONS, CHANGES, TO OFFICERS AND/OR DIRECTORS

NAME	
STREET ADDRESS	617 Troy Blvd.
CITY, ST, ZIP	West Palm Beach, FL 33409
NAME	
STREET ADDRESS	617 Troy Blvd.
CITY, ST, ZIP	West Palm Beach, FL 33409

14. I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall serve as my resignation as registered agent, officer or director of the corporation named in this report or any succeeding report of the corporation in which I am not named as registered agent, officer or director. I hereby certify that I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: 2/21/95 (407) 863-9850
SIGNATURE AND TYPED OR PRINTED NAME OF MORING OFFICER OR DIRECTOR
GARY STEVEN NEWBOLD

0248943 CP