

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000074544 (5)

1. Corporation Name
AUST DESIGN SYSTEMS, INC.



Principal Place of Business 12111 117TH STREET NORTH LARGO FL 34648	Mailing Address 12111 117TH STREET NORTH LARGO FL 33778-2400
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2. Principal Place of Business 21 12500 Capital Circle N Suite, Apt. #, etc. #401 22 City & State TREASURER IS FL 23 Zip 33706 24 Country Pinellas		2a. Mailing Address 26 12500 Capital Circle N Suite, Apt. #, etc. #401 27 City & State TREASURER IS FL 28 Zip 33706 29 Country Pinellas		3. Date Incorporated or Qualified 10/06/1994		3a. Date of Last Report 07/12/1996	
				4. FEI Number 59-3272453		Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent AUST, H. LEE 12111 117TH ST. NORTH LARGO FL 34648				10. Name and Address of New Registered Agent 81 Name AUST, H. LEE 82 Street Address (P.O. Box Number is Not Acceptable) 12500 CAPITAL CIRCLE N #401 83 84 City TREASURER IS FL 85 Zip Code 33706			

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 entering with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE:  DATE: 4-26-97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D NAME AUST, H. LEE STREET ADDRESS 12111 117TH ST. NORTH CITY-ST-ZIP LARGO FL 34648	<input type="checkbox"/> DELETE	1.1 TITLE D 1.2 NAME AUST, H. LEE 1.3 STREET ADDRESS 12500 CAPITAL CIRCLE N #401 1.4 CITY-ST-ZIP TREASURER IS FL 33706	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address.

SIGNATURE:  DATE: 4-26-97

CR2E034 (9/96)