

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 # **P94000078495 (6)**

1. Corporation Name

APPLIED SYSTEMS & CONTROLS, INC.



Principal Place of Business

**4370 S.W. 23RD STREET
FT. LAUDERDALE FL 33317**

Mailing Address

**4370 S.W. 23RD STREET
FT. LAUDERDALE FL 33317**

2. Principal Place of Business

21 **9144 W. County Rd 476**

Suite, Apt. #, etc.

22

City & State
23 **Bushnell FL**

Zip
24 **33513**

Country

2a. Mailing Address

26 **9144 W. County Rd. 476**

Suite, Apt. #, etc.

27

City & State
28 **Bushnell FL**

Zip
29 **33513**

Country

3. Date Incorporated or Qualified
10/24/1994

3a. Date of Last Report
05/01/1995

4. FEI Number
65-0528069

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

9. Name and Address of Current Registered Agent

**LAZUTA, JAMES M
4370 S.W. 23RD STREET
FT. LAUDERDALE FL 33317**

10. Name and Address of New Registered Agent

81 Name **LAZUTA, JAMES M.**

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

83 **9144 W. County Rd. 476**

84 City **Bushnell**

FL

85 Zip Code
33513

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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, if not applicable

Signature typed or printed name of registered agent, if not applicable

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE

NAME **LAZUTA, JAMES M**
STREET ADDRESS **4370 S.W. 23RD ST.**
CITY-STATE-ZIP **FT. LAUDERDALE FL 33317**

TITLE **STD** ☐ DELETE

NAME **LAZUTA, GAIL**
STREET ADDRESS **4370 S.W. 23RD ST.**
CITY-STATE-ZIP **FT. LAUDERDALE FL 33317**

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

☐ Change ☐ Addition

11 TITLE
12 NAME
13 STREET ADDRESS **9144 W. County Rd. 476**
14 CITY-STATE-ZIP **Bushnell FL 33513**

☐ Change ☐ Addition

21 TITLE
22 NAME
23 STREET ADDRESS **9144 W. County Rd. 476**
24 CITY-STATE-ZIP **Bushnell FL 33513**

☐ Change ☐ Addition

31 TITLE
32 NAME
33 STREET ADDRESS

☐ Change ☐ Addition

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-STATE-ZIP

☐ Change ☐ Addition

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-STATE-ZIP

☐ Change ☐ Addition

61 TITLE
62 NAME
63 STREET ADDRESS
64 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 on an attachment with an address

SIGNATURE:

JAMES M. LAZUTA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/96

352-568-2988

CR2E034 (12/95)