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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000063809 (4)

APPLIED COMPUTING SOLUTIONS, INC.

Principal Place of Business Mailing Address 838 STOUTAMIRE DRIVE **B38 STOUTAMIRE DRIVE** TALLAHASSEE FL 32302 TALLAHASSEE FL 32302 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/17/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3347549 Not Applicable 21 26 Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No Zip Country Zip Country 24 29 30 25 9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent KAKARIGI, DUBRAVKO 838 STOUTAMIRE DRIVE Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE FL 32302 83 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, typod or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Addition TITLE 1.5 TITLE -Shange KAKARIGI, DUBRAVKO NAME 1.2 NAME -a838 STOUTAMIRE DRIVE STREET ADDRESS 1.3 STREET ADDRESS TALLAHASSEE FL 32302 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE BRADLEY, DIANN NAME 2.2 NAME 838 STOUTAMIRE DRIVE STREET ADDRESS 2.3 STREET ADDRESS TALLAHASSEE FL 32302 CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE Change Addition 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS CITY-ST-ZIP 3 4. CITY - ST - ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4.2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Addition TITLE 5.1 TITLE NAME 5.2 NAME

6.4 CITY - ST - ZIP 14. Thereby 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 arruval 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.

CIGNATURE.

STREET ADDRESS

CITY-ST-ZIP .

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

Minus Bradley Diann Bradley

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

DELETE

4,13,98 850-877-5280

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Apr 16 1998 8:00am

Secretary of State