PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9500063809

1. Corporation Name

APPLIED COMPUTING SOLUTIONS, INC.

Principal Place of Business	Mailing Address			
838 STOUTAMIRE DRIVE	838 STOUTAMIRE DRIVE			
ALLAHASSEE FL 32302	TALLAHASSEE FL 32302			

FILED May 04, 1999 8:00 am Secretary of State

05-04-1999 90125 030 ***150.00



TALLAHASSEE		TALLAHASSEE FL 32302	DO MOT WORTE IN THIS S						
						DO NOT WRITE IN THIS S	SPACE		
						3. Date Incorporated or Qualifed			
<u></u>						08/17/1995		г	
`	lace of Business	2a. Mailing Address				4. FEI Number	<u> </u>	<u> </u>	ied For
21		26				59-3347549	-		Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27					5. Certifcate of Status Desired	\$8.75 Additional Fee Required			
City & State	e	City & State				6. Election Campaign Financing	\$5.	.00 M	lay Be
23		28				Trust Fund Contribution	Ad	ded to	Fees
Zip	Country	Zip	Country	y		8. This corporation owes the current year Inta	ngible		
24	25	29 3	0			Personal Property Tax.	Yes		W 6
	9. Name and Address of Curre	nt Registered Agent				10. Name and Address of New Registered A	gent		
			81	I N	Name				l
	ARIGI, DUBRAVKO STOUTAMIRE DRIVE		82	2 S	Street Addre	ss (P.O. Box Number is Not Acceptable)			
	AHASSEE FL 32302		83	3					
			84	ļ <u>.</u>	City		85	Zip Co	ode
					-	FL _.		•	
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statutes	, the abov	/e-na	amed corpo	ration submits this statement for the purpose of o	hangir	g its r	egistered
office or re	egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida. Such change was aut ations of Section 607.0505. Florid	norized by la Statutes	/ Ine S.	3 corporation	's board of directors. I hereby accept the appoin	uncik	as regi	31616U '
SIGNATURE	in following that, and poops the cong								
	Signature, typed or printed name of registered ag-			ent sig	gnature required		. DIDE	<u> </u>	0.04.40
12.	I*	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND			Addition
TITLE	D	☐ DELETE	1.1 TITLE		- 1		☐ Cha	nge	☐ Addition
NAME	Kakarigi, Dubravko		1.2 NAME						
STREET ADDRESS	838 STOUTAMIRE DRIVE		1.3 STREE	ET ADI	DRESS				
CITY-ST-ZIP	TALLAHASSEE FL 32302		1.4 CITY-9	ST-ZI	Р				
TITLE	D	☐ DELETE	2.1 TITLE				☐ Cha	nge	☐ Addition
NAME	BRADLEY, DIANN		2.2 NAME						
STREET ADDRESS	838 STOUTAMIRE DRIVE		2.3 STREE	ET AD	ORESS				
CITY-ST-ZIP	TALLAHASSEE FL 32302		2. 4 CITY-	ST-Z	IP				
TITLE		☐ DELETE	3.1 TITLE				☐ Cha	nge	Addition
NAME			3.2 NAME						
STREET ADDRESS			3.3 STREE	ET ADI	DRESS				
CITY-ST-ZIP			3.4. CITY-	ST-Z	1P				_
TITLE		☐ DELETE	4.1 TITLE	_			Cha	inge	☐ Addition
NAME			4. 2 NAME						
STREET ADDRESS			4.3 STREE		DRESS				
1			4.4 CITY-5		1				
CITY-ST-ZIP		☐ DELETE	5.1 TITLE		<u> </u>		Cha	inge	Addition
1	1		5.2 NAME					-	_
NAME.			5.3 STREE		XORESS				
STREET ADDRESS			5.4 CITY-5		1				
CITY-ST-ZIP	<u> </u>	☐ DELETE	6.1 TITLE		-		Cha	nne —	☐ Addition
TITLE	}	☐ NETE IE	6.2 NAME		1		O116		L_] FAGIGOR
NAME			0.∠ NAME						

14. I 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, with all other like empowered.

6.4 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

Daytime Phone #