

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)**

FILED

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97 AUG 27 PM 3:08

SECRETARY OF STATE
TALLAHASSEE FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000007246 (7)
 1. Corporation Name
APPLIED COMPUTER LOGIC INC.



Principal Place of Business 1195 E. PEARL STREET MONTICELLO FL 32344	Mailing Address 1195 E. PEARL STREET MONTICELLO FL 32344
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/24/1996		3a. Date of Last Report	
2. Principal Place of Business 21 240 W. Washington St Suite, Apt. #, etc.	2a. Mailing Address 26 240 W. Washington St. Suite, Apt. #, etc.	4. FEI Number 59-3357797	Applied For Not Applicable
22	27	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 Monticello, FL City & State	28 Monticello, FL City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 32344 Zip	25 U.S. Country	29 32344 Zip	30 US Country
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent
GEORGIADIS, GEORGIOS
1195 E. PEARL STREET
MONTICELLO FL 32344

10. Name and Address of New Registered Agent
 81 Name **Brenda Georgiadis**
 82 Street Address (P.O. Box Number is Not Acceptable)
1195 E. Pearl St.
 83
 84 City **Monticello** FL 85 Zip Code **32344**

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 *Brenda Georgiadis* **8/19/97**
Signature typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when re-issuing)

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	President Brenda Georgiadis
1.3 STREET ADDRESS	1195 E Pearl St
1.4 CITY-ST-ZIP	Monticello, FL 32344
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Vice-President George Georgiadis
2.3 STREET ADDRESS	1195 E. Pearl St.
2.4 CITY-ST-ZIP	Monticello, FL 32344
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 08/28/97 01078 010
 ****165.00 ****165.00

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 *Brenda Georgiadis* **8/19/97 (404) 215-4450**

CR2E034 (4/97)