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.)

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P96000007246 (7	00007246 (7)	P960	Τ#	DOCUMENT S. Corporation Name
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APPLIED COMPUTER LOGIC INC.

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SECREMARY OF STATE TALLAHASSEF FLORIDA



Principal Plac	e of Business	Mailing Address		n tanninum tisa kalih afili, anni anni ukisi danit anni ukisi dini ukis (tani atkis anni 1801
1195 E. PEAF		1195 E. PEARL STREET		
MONTICELLO	FL 32344	MONTICELLO FL 32344		DO NOT WRITE IN THIS SPACE
				3. Date Incorporated or Qualified 3a. Date of Last Report
				01/24/1996
	lace of Business	2a. Mailing Address	1 1 6	4. FEI Number Applied For
	V. Washington St	26 240 W. Was	hington i	54 59-3357797 Not Applicable
Suite, Apt.	#, etc. U	Suite, Apt. #, etc.	y	5. Certificate of Status Desired S8.75 Additional Fee Regulred
22 Çity & Stat		City & State		
- 44	ficello FL		₽ L	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible
24 323°	44 25 4.5.	29 32344 30	a u S	Personal Property Tax due June 30. Yes No
	9, Name and Address of Current I	Registered Agent		10. Name and Address of New Registered Agent
	ORGIADIS, GEORGIOS		81 Name	Brenda Georgiadis
	95 E. PEARL STREET		82 Street	Address (P.O. Box Number is Wet Acceptable)
MC	INTICELLO FL 32344		83	15 E. Yearl St.
[
			84 City	100-ice 5 FL 85 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 r	egistered agent, or both, in the State of	florida. Such change was aut	horized by the corp ta Statutes.	poralion's board of directors. I hereby accept the appointment as registered
SIGNATURE				8/19/97
	Signalize, typied or printed name of constellid agent of	ind if applicable (NOTE: F		e required whon re-instating) JATE
12.	OF ICERS AND	DTRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE NAME		[DETLIC	1.1 TITLE 1.2 NAME	The Georgiadis
STREET ADORESS			1.3 STREET ADDRESS	1195 E Poorl St
CITY-ST-ZIP			1.4 CITY - ST - ZIP	Monticello, PL 32344
TITLE		DELETE	2.1 TITLE	Vice - Prosident Change Ly Addition
NAME		l	2.2 NAME	George Georgiadis
STREET ADDRESS			2.3 STREET ADDRESS	George Georgiadis 1195 E. Pedri St.
CITY-ST-ZIP			2 4 CITY-ST-ZIP	Monticelly FC 32344
TITLE		☐ DELETE	3 1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	00000022799508
CITY-ST-ZIP TITLE		DELETE	3.4. CITY-ST-ZIP 4.1 TITLE	-08/28/970107650103dition *****165.00 *****165.00
NAME		ב סנמונ	4.1 IULE 4. 2 NAME	****165.00 *****165.00
STREET ADDRESS			4.2 NAME 4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	51 TITLE	Change Addition
NAME 1			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY - ST - ZIP	
TITLE		☐ DELETE	6.1 TITLE	Change Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREFT ADDRESS	(1/2)
CITY-ST-7IP			64 CITY-ST-ZIP	(1)

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 it changed, or on an attachment with an address.

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