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Feb 04 1997 8:00am
Secretary of State

**PROFIT
CORPORATION
ANNUAL REPORT
1997**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000054250 (1)

1. Corporation Name

ANALYTICAL RESEARCH SYSTEMS (ARS), INC.

Principal Place of Business

**ROUTE 2, BOX 83 HIGHWAY US 441
MICANOPY FL 32667**

Mailing Address

**POST OFFICE BOX 140218
GAINESVILLE FL 32614-0218**



2. Principal Place of Business

21 12109 South HWY US441

Suite, Apt. #, etc.

22
City & State

23

Zip Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27
City & State

28

Zip Country

29

3. Date Incorporated or Qualified

06/24/1996

3a. Date of Last Report

Initial rpt.

4. FEI Number

59-3386389

Applied For

☐ Not Applicable

5. Certificate of Status Desired

XXX

**\$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

XX No

9. Name and Address of Current Registered Agent

**MANUKIAN, LLOYD S ESQ.
1534 KINGSLEY AVENUE
ORANGE PARK FL 32073**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 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 typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PTD** ☐ DELETE

NAME **MANUKIAN, ARA**
STREET ADDRESS **3857 SW 1ST AVE**
CITY-ST-ZIP **GAINESVILLE FL 32607**

TITLE **VD** ☐ DELETE

NAME **STROHSCHIN, RUDOLPH**
STREET ADDRESS **ROUTE 2, BOX 83 HIGHWAY US 441**
CITY-ST-ZIP **MICANOPY FL 32667**

TITLE **SD** ☐ DELETE

NAME **MANUKIAN, LLOYD S**
STREET ADDRESS **7701 BAYMEADOWS CIRCLE WEST STE 1142**
CITY-ST-ZIP **JACKSONVILLE FL 32256**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ara Manukian

President 1-27-97 (352).466.0051

Date Daytime Phone #

CR2E034 (9/96)