FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Secretary of State

APPROVED AND FILED
95 MAY -1 AM 3:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # **V04891** **(0)**

1. Corporation Name
MIDRANGE ACCOUNTING SYSTEMS, INC.

Principal Place of Business:
12773 W. FOREST HILL BLVD.
SUITE 1206
WELLILNGTON FL 33414

Mailing Address:
12773 W. FOREST HILL BLVD.
SUITE 1206
WELLILNGTON FL 33414

3. Date Incorporated or Qualified: **01/08/1992**
3a. Date of Last Report: **08/12/1994**
4. FEI Number: **65-0302289** ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$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 ☐ No

2. Principal Place of Business 21 / 2a. Mailing Address 26
Suite, Apt. #, etc. 22 / 27
City & State 23 / 28
Zip 24 Country 25 / Zip 29 Country 30

9. Name and Address of Current Registered Agent

ROBINSON, WILLIAM D.
12773 W. FOREST HILL BLVD.
SUITE 1206
WELLINGTON FL 33414

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 617.0502, 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 the position.

SIGNATURE ____ DATE ____

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	ROBINSON, MARIA R.
STREET ADDRESS	12188-4 SAG HARBOR CT.
CITY-ST-ZIP	WELLINGTON FL
TITLE	PST
NAME	ROBINSON, WILLIAM D.
STREET ADDRESS	12773 W. FOREST HILL BLVD., SUITE 1206
CITY-ST-ZIP	WELLINGTON FL 33414

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

☐ Change ☐ Addition (blank entries)

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: William D Robinson — William D. Robinson 4/28/95 795-1599
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #

0282010 CP