

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED  
May 06 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 # V10987 (8)

1. Corporation Name  
APPLIED PRODUCTIVITY SYSTEMS, INC.



Principal Place of Business

Mailing Address

731 S. PARSONS AVE  
SUITE 801  
BRANDON FL 33511  
US

731 SOUTH PARSONS AVENUE  
BRANDON FL 33511-6058

2. Principal Place of Business

2a. Mailing Address

21 410 WARE BLVD

26 410 WARE BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE 516

27 SUITE 516

City & State

City & State

23 TAMPA, FL

28 TAMPA, FL

Zip

Country

Zip

Country

24 33619

25 USA

29 33619

30 USA

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

02/03/1992

3a. Date of Last Report

05/01/1996

4. FEI Number

59-3111512

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

STEIN, JERRY N.  
731 SOUTH PARSONS AVENUE  
BRANDON FL 33511

81 Name  
STEIN, JERRY N.  
82 Street Address (P.O. Box Number is Not Acceptable)  
410 WARE BLVD  
83 SUITE 516  
84 City  
TAMPA  
85 Zip Code  
FL 33619

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

JERRY N. STEIN

(NOTE: Registered agent signature required when reinstating)

4/28/97

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME  
D STEIN, JERRY N.  
STREET ADDRESS  
731 SOUTH PARSONS AVENUE  
CITY-ST-ZIP  
BRANDON FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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  
D STEIN, JERRY N.  
1.3 STREET ADDRESS  
410 WARE BLVD, SUITE 516  
1.4 CITY-ST-ZIP  
TAMPA, FL 33619

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 recorder 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

JERRY N. STEIN 4/28/97 (812) 336-2291

CR2E034 (9/96)