COR ANNL	PROFIT RPORATION JAL REPORT 1996	Sandra Secreta	RIMENT OF STATE B. Mortham ary of State CORPORATIONS		
DOCUMENT # V44578		78 (5)			
1. Corporation	n Name GRATED COMPUTING, IN (• •			
111120	annie oon ong, ni	0.] (84)(B)(B)(80)(A)(B)(A)(A)(A)(A)(A)(A)(A)(A)(A)(A)(A)(A)(A)(A	iði (ðir ðrom dróm bjóm þjóm þróm árok þjóm keði
Principal Place	of Business	Mailing Address			
		2950 ALOMA AVE STE 405	702		
U\$ 		US	, oe	3. Date Incorporated or Qualified 06/17/1992	3a. Date of Last Report 03/16/1995
2. Principal Pla 21	ace of Business	2a. Mailing Address 26		4. FEI Number 59-3127861	Applied For Not Applicable
Suite, Apt. #	#, etc.	Suite, Apt. #, etc		5. Certificate of Status Desired	\$8.75 Additional Fee Required
Crty & State		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	Z _i p	Gountry 30	8. This corporation has liability for in	
	9, Name and Address of Curre		100	10. Name and Address of New Ro	
11. Pursuant to	o the provisions of Sections 607.05c ad agent, or both, in the State of Fig.	02 and 607, 1508, Florida Statute	83 84 City s, the above named corporations have	ration submits this statement for the purp ard of directors. I hereby accept the appo	FL 85 Zip Code
SIGNATURE	n, and accept the obligations of, set	ction 607.0505, Florida Statutes	a by the corporation's gos	ard or orrectors. Thereby accept the appo	Intiment as registered agent. Lam
12.	Signature, typed or printed name of registrated age	nt and little it application in in in it. ND DIRECTORS	E. Fingstered Agent signature require		DATE GATE
TITLE	D	DELETE	1 1 1 TILE	ADDITIONS/CHANGES TO OFFICE	Change Addition
NAME STREET ADDRESS CITY-ST-ZIP	SCOTT, DAVID L. 8420 ADMIRAL POINT WINTER PARK FL		1.2 NAME 1.3 STREET ADDRESS		CERS AND DIRECTORS IN 12 Change Addition
TITLE	D	☐ DELETE	1.4 CITY - ST - ZIP 2. 1 Telle		☐ Change ☐ Addition
NAME STREET ADDRESS	SCOTT, LYNN D. 8420 ADMIRAL POINT		2.2 NAME 2.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	WINTER PARK FL	F3 burne	2.4 City ST-ZiP		
NAME		☐ DELE1E	3 1 TiTLE		Change Addition
STREET ADDRESS			3.2 NAME 3.3 STREET ADDRESS		
CHTY+ST-ZIP			3 4 CITY - ST - ZIP		
TRILE		☐ DELETE	4 1 TITLE		Change Addition
NAME			4.2 NAME		
STREET ADDRESS CITY-ST-ZIP			4.3 STREET ADDRESS		
TITLE		DELFTE	4.4 C(TY+ST+ZIP) 5.1 T(TLF)		Change C Addition
NAME		hand - may - 1 h	5 2 NAME		Change Addition
STREET ADDRESS			5.3 STREET ADDRESS		
I					i
		·	5.4 CITY - ST - 7IP		
CITY-ST-ZIP TITLE NAME		DELETE	5.4 CHY+ST-7/P 6.1 TH, F 6.2 NAME		Change Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

STREET ADDRESS

SCOTT

63 STREET ADDRESS

3/14/96

407671577