

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **G63866** (9)
1. Corporation Name
ADVANCED SYSTEMS RESEARCH, INC.



Principal Place of Business: **3399A SW 42ND AVE. PALM CITY FL 34990**
Mailing Address: **3399A SW 42ND AVE. PALM CITY FL 34990**

3. Date Incorporated or Qualified: **10/06/1983**
3a. Date of Last Report: **04/25/1995**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	59-2332794	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22	27	<input type="checkbox"/>	
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
23	28	<input type="checkbox"/>	
Zip	Country	29	30
24	25	29	30

8. This corporation has liability for intangible tax under s. 193.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
REDMOND, KEVIN 3399A SW 42ND AVENUE PALM CITY FL 34990		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: _____ DATE: _____
Signature: typed or printed name of registered agent on this statement. (NONE - Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REDMOND, KEVIN	12 NAME	
STREET ADDRESS	6960 SW GATOR TRAIL	13 STREET ADDRESS	
CITY - ST - ZIP	PALM CITY FL	14 CITY - ST - ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAYLIE, HARVEY	2 2 NAME	
STREET ADDRESS	13 NEPTUNE AVE	2 3 STREET ADDRESS	
CITY - ST - ZIP	BROOKLYN NY	2 4 CITY - ST - ZIP	
TITLE	T <input type="checkbox"/> DELETE	3 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAYLIE, ROBERTA	3 2 NAME	
STREET ADDRESS	13 NEPTUNE AVE	3 3 STREET ADDRESS	
CITY - ST - ZIP	BROOKLYN NY	3 4 CITY - ST - ZIP	
TITLE	SD <input type="checkbox"/> DELETE	4 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAYLIE, GLORIA	4 2 NAME	
STREET ADDRESS	13 NEPTUNE AVE	4 3 STREET ADDRESS	
CITY - ST - ZIP	BROOKLYN NY	4 4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5 2 NAME	
STREET ADDRESS		5 3 STREET ADDRESS	
CITY - ST - ZIP		5 4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6 2 NAME	
STREET ADDRESS		6 3 STREET ADDRESS	
CITY - ST - ZIP		6 4 CITY - ST - ZIP	

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: Kevin Redmond **KEVIN REDMOND** 4-16-96 (407) 287-5802
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)