

**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 # J12991 (2)**

1. Corporation Name

**ASSOCIATED COMPUTER SYSTEMS, INC.**



Principal Place of Business

Mailing Address

**313 E.ROBERTSON ST.  
BRANDON FL 33511-2253**

**313 E.ROBERTSON ST.  
BRANDON FL 33511-2253**

3. Date Incorporated or Qualified **05/05/1986** 3a. Date of Last Report **05/01/1995**

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

4. FEI Number	Applied For
<b>59-2672424</b>	Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**OTTE, ALAN HENRY  
13604 PUB PL  
TAMPA FL 33624**

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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 the date of appointment

Name of Registered Agent Separately stated when registering

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	Vpsc	1.1 TITLE	President, SC
NAME	HIMMEL, JEFFREY C.	1.2 NAME	
STREET ADDRESS	1011 MARFIELD LANE	1.3 STREET ADDRESS	
CITY - ST - ZIP	BRANDON FL	1.4 CITY - ST - ZIP	
TITLE	P	2.1 TITLE	
NAME	FRANGIPANE, BARRY J.	2.2 NAME	
STREET ADDRESS	1407 MONTE LAKE DRIVE	2.3 STREET ADDRESS	
CITY - ST - ZIP	VALRICO FL	2.4 CITY - ST - ZIP	
TITLE	VPT	3.1 TITLE	
NAME	JAEGER, ROY J.	3.2 NAME	
STREET ADDRESS	2825 FAIRWAY VIEW DR.	3.3 STREET ADDRESS	
CITY - ST - ZIP	VALRICO FL	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
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 as an attachment with an address.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/15/96 (813) 684-6803

CR2E034 (12/95)