

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
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DOCUMENT # J12991 (2)
 1. Corporation Name
ASSOCIATED COMPUTER SYSTEMS, INC.



Principal Place of Business 313 E.ROBERTSON ST. BRANDON FL 33511-2253	Mailing Address 313 E.ROBERTSON ST. BRANDON FL 33511-5253
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3. Date Incorporated or Qualified 05/05/1986	3a. Date of Last Report 05/21/1996
4. FEI Number 59-2672424	Applied For <input type="checkbox"/> 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 215 Lithia Pinecrest Rd. Suite, Apt. #, etc.	2a. Mailing Address 26 215 Lithia Pinecrest Rd. Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip 24 33511-5307 25 Country	28 Zip 29 33511-5307 30 Country

9. Name and Address of Current Registered Agent
OTTE, ALAN HENRY
13604 PUB PL
TAMPA FL 33624

10. Name and Address of New Registered Agent
 81 Name **Jeffries, David M.**
 82 Street Address (P.O. Box Number is Not Acceptable)
220 South Franklin Street
 83
 84 City **Tampa** FL 85 Zip Code **33602**

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]* Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when reinstating) DATE **4/29/97**

12. OFFICERS AND DIRECTORS		DELETED
TITLE	PSC	<input type="checkbox"/>
NAME	HIMMEL, JEFFREY C.	
STREET ADDRESS	1011 MARFIELD LANE	
CITY-ST-ZIP	BRANDON FL	
TITLE	VPT	<input type="checkbox"/>
NAME	JAEGER, ROY J.	
STREET ADDRESS	2825 FAIRWAY VIEW DR.	
CITY-ST-ZIP	VALRICO FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
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 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 *[Signature]* **4/29/97**

CR2E034 (9/96)