

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 # **J66883 (6)**

1. Corporation Name
ACCARDIS SYSTEMS, INC.



Principal Place of Business: 20061 DOOLITTLE STREET, GAITHERSBURG MD 20879
Mailing Address: 20061 DOOLITTLE STREET, GAITHERSBURG MD 20879

3. Date Incorporated or Qualified: **04/13/1987**
3a. Date of Last Report: **04/26/1995**

2. Principal Place of Business: 21 **20061 DOOLITTLE ST.**
Suite, Apt. #, etc.:
22
City & State: 23 **GAITHERSBURG MD**
Zip: 24 **20879** Country: 25 **USA**

4. FEI Number: **65-0035045**
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

9. Name and Address of Current Registered Agent
**ANSEL, ERIC
601 SOUTH OCEAN DRIVE
HOLLYWOOD FL 33019**

10. Name and Address of New Registered Agent
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: *Robert Anton* **ROBERT ANTON** DATE: **4-22-96**
Signature typed or printed name of registered agent and link if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETERSON, WADE	1.2 NAME	
STREET ADDRESS	851 MONICA LN	1.3 STREET ADDRESS	
CITY - ST - ZIP	CAMPBELL CA	1.4 CITY - ST - ZIP	
TITLE	ST <input type="checkbox"/> DELETE	2.1 TITLE	KEN MAAL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARC, KEN	2.2 NAME	
STREET ADDRESS	1267 RIVERSIDE AVE	2.3 STREET ADDRESS	1701 NW 17th St.
CITY - ST - ZIP	BALTIMORE MD	2.4 CITY - ST - ZIP	POMPANO BEACH, FL 33028
TITLE	P <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANTON, ROBERT	3.2 NAME	
STREET ADDRESS	20061 DOOLITTLE ST.	3.3 STREET ADDRESS	
CITY - ST - ZIP	GAITHERSBURG MD	3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		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: *Robert Anton* **ROBERT ANTON** DATE: **4-22-96** Daytime Phone #: **201-926-4495**
Signature and typed or printed name of signing officer or director

CR2E034 (12/95)