

**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 # **852160** (1)

1. Corporation Name  
**AFSM INTERNATIONAL, INC.**



Principal Place of Business: 1342 COLONIAL BLVD #25 FT MYERS FL 33907  
Mailing Address: 1342 COLONIAL BLVD #25 FT MYERS FL 33907

3. Date Incorporated or Qualified: 03/11/1982  
3a. Date of Last Report: 04/21/1995

21	2. Principal Place of Business	2a	Mailing Address	4.	FEI Number	Applied For					
		26			59-1941188	Not Applicable					
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5.	Certificate of Status Desired	\$8.75 Additional Fee Required					
					<input type="checkbox"/>						
23	City & State	28	City & State	6.	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees					
					<input type="checkbox"/>						
24	Zip	25	Country	29	Zip	30	Country	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
TRPIK, JOSEPH 1342 COLONIAL BLVD #25 FT MYERS FL 33907				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	EVP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRPIK, JOSEPH	1.2 NAME	
STREET ADDRESS	1342 COLONIAL BLVD #25	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL	1.4 CITY-ST-ZIP	
TITLE	P <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHOEVERS, LEO	2.2 NAME	
STREET ADDRESS	340 FISCHER AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	INFOTEC TH	2.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAGAN, DENNIS	3.2 NAME	Cagan, Dennis
STREET ADDRESS	4755 ALLA RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	MARINA DEL REY CA	3.4 CITY-ST-ZIP	
TITLE	T <input checked="" type="checkbox"/> DELETE	4.1 TITLE	Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BOLETTIERI, GEORGE	4.2 NAME	Steve Harvey
STREET ADDRESS	11688 WINDCREST LN	4.3 STREET ADDRESS	P.O. Box 744035
CITY-ST-ZIP	SAN DIEGO CA	4.4 CITY-ST-ZIP	Dallas TX 75734
TITLE	V <input checked="" type="checkbox"/> DELETE	5.1 TITLE	President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HARRELL, RUSS	5.2 NAME	John Schoenewald
STREET ADDRESS	2300 VALLWY VIEW LN #200	5.3 STREET ADDRESS	3M Center Bldg
CITY-ST-ZIP	IRVING TX	5.4 CITY-ST-ZIP	St Paul, MN 55144
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: Joseph Trpik Joseph Trpik Date: 4/25/96 Daytime Phone #: 941 275 7887

CR2E034 (12/95)