

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

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**Apr 23 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



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

**DOCUMENT # M93319 (5)**  
1. Corporation Name  
**AS/GBI CORPORATION**



Principal Place of Business Mailing Address  
**% GATOR BOWL INN  
455 HAINES STREET  
JACKSONVILLE FL 32202**

3. Date Incorporated or Qualified **08/08/1988** 3a. Date of Last Report **08/05/1996**  
4. FEI Number **59-2928962** 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

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

9. Name and Address of Current Registered Agent  
**LEPRELL, SAMUEL L.  
1300 GULF LIFE DRIVE  
SUITE 800  
JACKSONVILLE FL 32207**

10. Name and Address of New Registered Agent  
81 Name **Le Prell, Samuel L.**  
82 Street Address (P.O. Box Number is Not Acceptable) **Suite 901, Blackstone Building**  
83 **233 East Bay Street**  
84 City **Jacksonville** FL 85 Zip Code **32207**

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 607.0504, Florida Statutes.  
SIGNATURE: *[Signature]* DATE: **4/13/97**

12. OFFICERS AND DIRECTORS

TITLE	<b>D, P, S, T</b>	<input type="checkbox"/> DELETE
NAME	<b>SHAH, ARVIND</b>	
STREET ADDRESS	<b>% 455 HAINES STREET</b>	
CITY - ST - ZIP	<b>JACKSONVILLE FL</b>	
TITLE	<b>OFF V.P.</b>	<input type="checkbox"/> DELETE
NAME	<b>DESAI BHAGIRATH</b>	
STREET ADDRESS	<b>C/O 455 HAINES STREET</b>	
CITY - ST - ZIP	<b>JACKSONVILLE FL</b>	
TITLE	<b>OFF V.P.</b>	<input type="checkbox"/> DELETE
NAME	<b>SHAH JASHWANT</b>	
STREET ADDRESS	<b>% 455 HAINES STREET</b>	
CITY - ST - ZIP	<b>JACKSONVILLE, FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>Director, President, Secretary, Treasurer</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
2.1 TITLE	<b>Vice President</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE	<b>Vice President</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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]* **ARVIND SHAH PRESIDENT** 4/14/97 408-998-7121  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)