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Feb 26 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 # P34507

(4)

1. Corporation Name

AFSA DATA CORPORATION

Principal Place of Business

2277 EAST 220TH ST.
LONG BEACH CA 90810-1639

Mailing Address

ATTN: STEVEN P. ALLEN
2277 EAST 220TH ST.
LONG BEACH CA 90810-1639

3. Date Incorporated or Qualified

06/24/1991

3a. Date of Last Report

02/09/1996

4. FEI Number

95-2501112

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 Suite, 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

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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

Signature of registered agent or officer of corporation (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME MUTTERPERL, WILLIAM

STREET ADDRESS 50 KENNEDY PLAZA

CITY- ST- ZIP PROVIDENCE RI

TITLE ☐ DELETE

NAME SARLES, H. JAY L

STREET ADDRESS 50 KENNEDY PLAZA

CITY- ST- ZIP PROVIDENCE RI

TITLE ☐ DELETE

NAME MCQUADE, EUGENE M

STREET ADDRESS 50 KENNEDY PLAZA

CITY- ST- ZIP PROVIDENCE RI

TITLE ☐ DELETE

NAME ZUCCHINI, MICHAEL R.

STREET ADDRESS 50 KENNEDY PLAZA

CITY- ST- ZIP PROVIDENCE RI

TITLE ☐ DELETE

NAME LEAFSTEDT, DOUGLAS A.

STREET ADDRESS 2277 E. 220TH ST.

CITY- ST- ZIP LONG BEACH CA

TITLE ☐ DELETE

NAME SNYDER, STEVEN E.

STREET ADDRESS 2277 E. 220TH ST.

CITY- ST- ZIP LONG BEACH CA

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

6.1 TITLE ☐ Change ☐ 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:

Steven E. Snyder
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)