

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

FILED
Feb 05 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # 671248 (3)
1. Corporation Name
ASAP CIRCUIT, INC.

Principal Place of Business Mailing Address
4437 N LAUBER WAY 4437 N LAUBER WAY
TAMPA FL 33614 TAMPA FL 33614



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/23/1980	
21 Suite, Apt. #, etc.	22 City & State	26 Suite, Apt. #, etc.	27 City & State	4. FEI Number 59-2014734	Applied For Not Applicable
23 Zip	25 Country	29 Zip	30 Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
9. Name and Address of Current Registered Agent BROWN, SHARON E. 18203 HANNA RD. LUTZ FL 33549				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	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 *Sharon E. W. Brown*

Signature, typed or printed name of registered agent and title if applicable

(NOT: Registered Agent signature required when reinstating)

DATE

1-30-98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	WREGG, HARRY, JR	1.2 NAME	
STREET ADDRESS	4729 TAMPA DOWNS BLVD	1.3 STREET ADDRESS	
CITY-ST-ZIP	LUTZ, FL 00000	1.4 CITY-ST-ZIP	
TITLE	TD	2.1 TITLE	
NAME	BROWN, SHARON E.	2.2 NAME	
STREET ADDRESS	18203 HANNA RD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	LUTZ FL	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	
NAME	WREGG, KENNETH H	3.2 NAME	
STREET ADDRESS	36716 GEIGER ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	ZEPHYRHILLS, FL 00000	3.4 CITY-ST-ZIP	
TITLE	SD	4.1 TITLE	
NAME	WREGG, HENRIETTA G	4.2 NAME	
STREET ADDRESS	4729 TAMPA DOWNS BLVD	4.3 STREET ADDRESS	
CITY-ST-ZIP	LUTZ, FL 00000	4.4 CITY-ST-ZIP	
TITLE	VD	5.1 TITLE	
NAME	CROWE, DONNA E	5.2 NAME	
STREET ADDRESS	2404 TANGERINE HILL CT	5.3 STREET ADDRESS	
CITY-ST-ZIP	LUTZ FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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 *Sharon E. W. Brown*

1-30-98 B13877-SB28

CR2E034 (10/97)