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FASFIT CORPORATION ANNUAL REPORT

1997

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 842517

(5)

CHARLES SCHWAB & CO., INC.

	FILEI)
Feb 1	2 1997	8:00am
Sec	retary c	of State

Principal Plac	ee of Business	Mailing Address				
101 MONTGON SAN FRANSCIS		101 MONTGOMERY STREET REGISTRATION 333-24 SAN FRANCISICO CA 9410				·····
					 Date of Last Re 02/08/1996 	port
2. Principal P	Place of Business	2a. Mailing Address		4. FEI Number		olied For
21		26 101 Montgome	erv Street	94-1737782	<u> </u>	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			\$8.75 A	dditional
22		27 Registration	1. 88-3	5. Certificate of Status Desired	Fee Rec	puired
City & Stat	le	City & State		6. Election Campaign Financing	\$5.00	May Be
23		28 San Franciso	O CA	Trust Fund Contribution	Added to	
Zip	Country	Zip	Country	8. This corporation has liability for intan-	T	199.032,
24	25		30	Florida Statutes Yes		
	9. Name and Address of Curre	ent Registered Agent	64 Name	10. Name and Address of New Registe	red Agent	
	CORPORATION SYSTEM		81 Name			
	0 S. PINE ISLAND ROAD		82 Street Ad	ddress (P.O. Box Number is Not Acceptable)		
PLA	NTATION FL 33324		83			
			63			
			84 City		FL 85 Zip C	ode
44 Pureuant	to the provisions of Sections 607.05	02 and 607 1508. Florida Statuta	es the shove-named o	ornoration submits this statement for the nurno	se of changing its	registered
office or r	registered agent, or both, in the Stat	e of Florida Such change was a	uthorized by the corpo	oration's board of directors. I hereby accept the	appointment as r	egistered
	ann tairilliair with, and accept the oblig	921013 01, 0001011 007.0303, 110	noa statoles.			
agent. Fa SIGNATURE					ATÉ.	
	Signature, typed or printed name of registered a		Registered Agent signature re		NTE	
SIGNATURE	Signature, typed or printed name of registered a	gent and title if applicable. (NOTE	: Registered Agent signature re	equired when reinstating) DA	NTE	
SIGNATURE	Signature, typed or printed name of registered a OFFICERS AI	gent and title if applicable. (NOTE	Registered Agent signature re	equired when reinstalling) D/ ADDITIONS/CHANGES TO OFFICERS	ATE AND DIRECTORS	S IN 12
SIGNATURE 12. TITLE	Signaturc, typed or printed name of registered a OFFICERS AI	gent and title if applicable. (NOTE	Registered Agent signature re	equired when reinstalling) D/ ADDITIONS/CHANGES TO OFFICERS	ATE AND DIRECTORS	S IN 12
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered a OFFICERS AI PB POTTRUCK, DAVID \$	gent and title if applicable. (NOTE	Registered Agent eignature re 13. 11 TITLE 12 NAME	equired when reinstalling) D/ ADDITIONS/CHANGES TO OFFICERS	ATE AND DIRECTORS	S IN 12
SIGNATURE 12. TITLE NAME STREEL ADDRESS	Signature, typed or printed name of registered a OFFICERS AI PB POTTRUCK, DAVID S 101 MONTGOMREY ST.	gent and title if applicable. (NOTE	Registered Agent eignature re 13. 11 TITLE 12 NAME 1.3 STREET ADDRESS	equired when reinstalling) D/ ADDITIONS/CHANGES TO OFFICERS	ATE AND DIRECTORS	S IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered a OFFICERS AI PB POTTRUCK, DAVID S 101 MONTGOMREY ST. SAN FRANCISCO CA 94104	gent and title if applicable. (NOTE ND DIRECTORS	Registered Agent eignature re 13. 11 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	iquired when reinstating) D/ ADDITIONS/CHANGES TO OFFICERS P/D	ATÉ AND DIRECTORS XI Change	S IN 12
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SIGNATURE 12. TITLE NAME STREEL ADDRESS CITY-ST-ZIP TITLE NAME STREEL ADDRESS	PB POTTRUCK, DAVID S 101 MONTGOMREY ST. SAN FRANCISCO CA 94104 VCB READMOND, RONALD W 101 MONTGOMERY STREET SAN FRANCISCO CA 94104 EVPB	gent and title if applicable. (NOTE ND DIRECTORS	Registered Agent signature re 13. 11 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS	ADDITIONS/CHANGES TO OFFICERS P/D EVP/Chief Info. Officer Dawn G. Lepore 101 Montgomery Street	AND DIRECTORS X Change	S IN 12
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02/05/97 (415)636-1160 CTOR Thomas C. Fishel Daytime Prione #

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 of 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.