FILE AGAIN: FILING FEE MUST BE PAID

CORPORATION ANNUAL REPORT

1995

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

APPROVED AND FILED

95 APR 21 AM 8:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **852160** **(1)**

1. Corporation Name

AFSM INTERNATIONAL, INC.

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

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **03/11/1982**
3a. Date of Last Report: **05/19/1994**

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

4. FEI Number: **59-1941188** ☐ 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

9. Name and Address of Current Registered Agent

TRPIK, JOSEPH
1342 COLONIAL BLVD
#25
FT MYERS FL 33907

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	**EVP**	1.1 TITLE	☐ Change ☐ 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**	2.1 TITLE	P XX Change ☐ Addition
NAME	**SCHOEVERS, LEO**	2.2 NAME	Russell Harrell
STREET ADDRESS	**340 FISCHER AVE**	2.3 STREET ADDRESS	2708 Brittany Lane
CITY-ST-ZIP	**INFOTEC TH**	2.4 CITY-ST-ZIP	Grapevine, TX 76051
TITLE	**S**	3.1 TITLE	☐ Change ☐ Addition
NAME	**CAGAN, DENNIS**	3.2 NAME	
STREET ADDRESS	**4755 ALLA RD**	3.3 STREET ADDRESS	
CITY-ST-ZIP	**MARINA DEL REY CA**	3.4 CITY-ST-ZIP	
TITLE	**T**	4.1 TITLE	☐ Change ☐ Addition
NAME	**BOLETTIERI, GEORGE**	4.2 NAME	
STREET ADDRESS	**11668 WINDCREST LN**	4.3 STREET ADDRESS	
CITY-ST-ZIP	**SAN DIEGO CA**	4.4 CITY-ST-ZIP	
TITLE	**V**	5.1 TITLE	V XX Change ☐ Addition
NAME	**HARRELL, RUSS**	5.2 NAME	Frank Rocks
STREET ADDRESS	**2300 VALLWY VIEW LN #200**	5.3 STREET ADDRESS	6800 N McCormick Blvd.
CITY-ST-ZIP	**IRVING TX**	5.4 CITY-ST-ZIP	Chicago, IL 60645-2709
TITLE		6.1 TITLE	☐ Change ☐ 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)(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: Joseph R. Trpik JOSEPH R. TRPIK (813)275-7887
SIGNATURE AND TYPED OR PRINTED NAME OF DIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0431998 CP