

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

FILED  
May 21 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F18535 (7)  
1. Corporation Name  
ADVANCED PLASMA SYSTEMS, INC.



Principal Place of Business 12000 28TH STREET N. PO BOX 21671 ST PETERSBURG FL 33742	Mailing Address 12000 28TH STREET N. PO BOX 21671 ST PETERSBURG FL 33742
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 02/03/1981	4. FEI Number 59-2073021	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent FAZLIN, FAZAL A. 12000 28TH STREET N. ST PETERSBURG FL 33716		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	
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	
NAME	FAZLIN, FAZAL A.	1.2 NAME	
STREET ADDRESS	12000 28TH STREET N.	1.3 STREET ADDRESS	
CITY- ST- ZIP	ST PETERBURG, FL 00000	1.4 CITY- ST- ZIP	
TITLE	ST	2.1 TITLE	
NAME	DICKERSON, VICKY	2.2 NAME	
STREET ADDRESS	12000 28TH ST., N	2.3 STREET ADDRESS	
CITY- ST- ZIP	ST. PETERSBURG FL	2.4 CITY- ST- ZIP	
TITLE	V	3.1 TITLE	
NAME	KOSTO, STEPHEN A.	3.2 NAME	
STREET ADDRESS	12000 28 ST N.	3.3 STREET ADDRESS	
CITY- ST- ZIP	ST PETERSBURG FL	3.4 CITY- ST- ZIP	
TITLE	D	4.1 TITLE	
NAME	FAZLIN, ROXANNA	4.2 NAME	
STREET ADDRESS	12000 28TH ST., N.	4.3 STREET ADDRESS	
CITY- ST- ZIP	ST PETERSBURG FL	4.4 CITY- ST- ZIP	
TITLE	V	5.1 TITLE	
NAME	LEHRER, WALTER J	5.2 NAME	
STREET ADDRESS	12000 28TH ST. N.	5.3 STREET ADDRESS	
CITY- ST- ZIP	ST. PETERSBURG FL	5.4 CITY- ST- ZIP	
TITLE	V	6.1 TITLE	
NAME	WILDER, GERALD E.	6.2 NAME	
STREET ADDRESS	12000 28TH STREET NORTH	6.3 STREET ADDRESS	
CITY- ST- ZIP	ST PETERSBURG FL	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: Vicky Dickerson 5-11-98 813-573-4567

CP2E034 (10/97)