

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Sep 30 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 # F94000000196 (5)

1. Corporation Name
ADVANCED SYSTEMS COMMUNICATIONS, INC.



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/14/1994

4. FEI Number

65-0452551

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

Principal Place of Business

420 E SAMPLE RD
POMPANO BEACH FL 33064
US

Mailing Address

1449 NE 30TH CT
POMPANO BEACH FL 33064

2. Principal Place of Business

21 Suite, Apt #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 420 E Sample

27 Suite, Apt #, etc.

28 City & State

29 Pompano Beach FL

30 Zip Country

31 33064 Broward

9. Name and Address of Current Registered Agent

LUCY, STEPHEN
1449 NE 30TH CT
POMPANO BEACH FL 33064

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 420 E Sample Road

84 City

Pompano Bch FL

85 State

FL

86 Zip Code

33064

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VS
NAME LUCY, STEPHEN
STREET ADDRESS 1449 NE 30 COURT
CITY-ST-ZIP POMPANO BEACH FL

TITLE PT
NAME REYNOLDS, PATRICIA
STREET ADDRESS 1449 NE 30 COURT
CITY-ST-ZIP POMPANO BCH FL

TITLE
NAME Dilliber, Francis
STREET ADDRESS 3430 NE 13 Terrace
CITY-ST-ZIP Pompano Bch FL 33064

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Vice President ☒ Change ☐ Addition
1.2 NAME Lucy Stephen
1.3 STREET ADDRESS 4041 NE 17 Terrace
1.4 CITY-ST-ZIP Pompano Bch FL 33064

2.1 TITLE President ☒ Change ☐ Addition
2.2 NAME Reynolds, Patricia
2.3 STREET ADDRESS 4041 NE 17 Terrace
2.4 CITY-ST-ZIP Pompano Bch FL 33064

3.1 TITLE Secretary Treasurer ☐ Change ☒ Addition
3.2 NAME Dilliber Francis
3.3 STREET ADDRESS 3430 NE 13 Terrace
3.4 CITY-ST-ZIP Pompano Bch FL 33064

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 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: Patricia Reynolds, President 9/21/98 05491111.13

CR2E034 (5/98)