

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F95000005520 (0)**

1. Corporation Name

ASI FLEX PPO INCORPORATED



Principal Place of Business

Mailing Address

2533 N. CARSON ST., SUITE 973
CARSON CITY NV 89706

2533 N. CARSON ST., SUITE 973
CARSON CITY NV 89706

2. Principal Place of Business

2a. Mailing Address

21 **SAME**
Suite, Apt. #, etc.

26 **SAME**
Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

3. Date Incorporated or Qualified

11/13/1995

3a. Date of Last Report

11/13/95

4. FEI Number

88-0284208

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

10. Name and Address of New Registered Agent

**AKERMAN, SENTERFITT AND EIDSON P.A.
216 S. MONROE ST., SUITE 200
TALLAHASSEE FL 32301**

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

Signature of FEI (printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PCT	<input type="checkbox"/> DELETE
NAME	ARNDT, CHRISTIAN	
STREET ADDRESS	2533 N. CARSON ST., SUITE 973	
CITY-ST-ZIP	CARSON CITY NV 89706	
TITLE	WVC	<input type="checkbox"/> DELETE
NAME	ARNDT, HEIDI	
STREET ADDRESS	2533 N. CARSON ST., SUITE 973	
CITY-ST-ZIP	CARSON CITY NV 89706	
TITLE	S	<input type="checkbox"/> DELETE
NAME	TABOR, JANET	
STREET ADDRESS	2533 N. CARSON ST., SUITE 973	
CITY-ST-ZIP	CARSON CITY NV 89706	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	800001742596
2.3 STREET ADDRESS	-03/14/96--01014--013
2.4 CITY-ST-ZIP	***200.00
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	900001742599
3.3 STREET ADDRESS	-03/14/96--01014--014
3.4 CITY-ST-ZIP	***8.75
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	YMM
6.3 STREET ADDRESS	3-13-96
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)(k), 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: *Christie Arndt*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/96 702.882.9117
Date Day/Even Phone #

CR2E034 (12/95)