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

PROFIT CORPORATION ANNUAL REPORT

1998



Secretary of State DIVISION OF CORPORATIONS

FILED Jan 21 1998 8:00am Secretary of State

DOCU 1. Corporatio	MENT on Name	# F9700	000	2797 (5)					
		ASTICS, INC.							
		•							
Principal Place of Business Mailing Address									
,								1	
11399 SE 177TH LANE 11399 SE 177TH LANE SUMMERFIELD FL 34491 SUMMERFIELD FL 34491					,				
								DO NOT WRITE IN THIS SPACE	-
ļ								3. Date Incorporated or Qualified	
2 Principal C	Noon of Busin	1055	2a. Mailing Address					05/28/1997 4. FEI Number Applied For	4
Principal Place of Business 1			⊢ —	26				4. FEI Number Applied For 23-2862796 Not Applicable	\exists
Suite, Apt.	#, etc.			Suite, Apt. #, etc.				40	4
22			27	27				5. Certificate of Status Desired \$8.75 Additional Fee Required	- }
City & State	e		City & State					6. Election Campaign Financing \$5.00 May Be	٦
23	· · · · · · · · · · · · · · · · · · ·		28					Trust Fund Contribution	4
Zip	Country			Zip		Country		8. This corporation owes or has paid the current year Intangible	
24	9. Name and Address of Currer			29 30				Personal Property Tax due June 30, Yes No 10. Name and Address of New Registered Agent	4
UIT			an negroo	eled Ageilt		81	Name	10. Name and Address of New Registered Agent	\dashv
	tton, Jeff 199 se 177					82			4
	MMERFIELD						Street A	Address (P.O. Box Number is Not Acceptable)	1
001	MINICI II ICCC			83			\dashv		
							0.1		4
						84	City	FL 85 Zip Code	
11. Pursuant	to the provisi	ons of Sections 607.05	02 and 60	7.1508, Florida Statu	tes, the a	bove	-named c	corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered	7
office of r agent. I a	egistered agi m familiar wit	ent, or both, in the Stat th, and accept the obli	e of Florida gations of,	a. Such change was Section 607,0505, Fl	autnortze orlda Sta	tutes	tne corpo ;	poration's board of directors. I hereby accept the appointment as registered	-
SIGNATURE									
Signature, typed or printed name of registered agent and title if applicable. (NC						d Age	nt signature re	required when reinstating) DATE PROPERTY ON A CONTROL OF THE PROPERTY OF THE	- <u>f</u>
12.	OFFICERS AND DIRECTORS PST		DELETE	13.		- 1	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition	<u> </u> }	
NAME	HUTTON, JEFF					1.2 NAME		Z Sikangu Z Addidon	1
STREET ADDRESS	44000 OF 437711 LANE			1			ADDRESS		S
CITY-ST-ZIP		RFIELD FL 34491				1.4 CITY-ST-ZIP			
TITLE		<u></u>		DELETE 2.1				☐ Change ☐ Addition	75
NAME						2.2 NAME			
STREET ADDRESS				23:		2.3 STREET ADDRESS		i ·	
CiTY-ST-ZIP							T-ZIP		.]
TITLE						3.1 TITLE		Change	Ī
NAME					3.2 N	-			
STREET ADDRESS							ADDRESS	1	
CITY-ST-ZIP	CITY-ST-ZIP TITLE			DELETE	3.4, City-ST-ZiP 4.1 Title		T-ZIP	Change Addition	4
	NAME					4.1 MAME		C Change C Addition	
							ADDRESS		1
CITY-ST-ZIP						TY-ST		•	1
TITLE				DELETE	5.1 717			Change Addition	7
NAME					5.2 NA	AME	1	1	
STREET ADDRESS					5.3 \$T	REET /	ADDRESS		
CITY-ST-ZIP						TY-ST			
TITLE				☐ DELETE	6.1 TI			Change Addition	7
NAME					6.2 NA	ME			
STREET ADDRESS					6.3 ST	REET A	ADDRESS		-
CITY-ST-ZIP	- 200 - 20 - 20	1.6	26 0 2 200		6.4 CI	IY-SI	- ZIP	21- O. 13- 440 07/01/0 Fields O. 14- 14- 14- 14- 14- 14- 14- 14- 14- 14-	1
indicated	ertity that the on this annua	information supplied v il report or supplement	viin inis iilii al annual r	ng does not qualify for eport is true and acc	or ine exe surate and	mpti d tha	on stated t my signa	d in Section 119.07(3)(i), Florida Statutes. I further certify that the information nature shall have the same legal effect as if made under oath; that I am an	

SIGNATURE:

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