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

**PROFIT CORPORATION** ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(8)

A.A.S. APPLICATIONS AND SERVICES, INC.

Principal Place of Business

Mailing Address

## **FILED** May 13 1997 8:00am Secretary of State



2. Moning Antennes 3. 24. Moning Antennes 5. 25. Section April 8, etc.  Section Companies Premoting Tool Additional Premoting Tool Additi	3384 CATAM/ JACKSONVILL	uran way	% amnon she 3364 catamar Jacksonville	AN WAY		3. Date Incorporated or Qualified	3a. Date of Last F	.,
2. Mining Actions   2. Mining Actions   3. Mining Actions   59-2276633						03/08/1983	05/01/1996	6
Solicy Apt. 4, etc.	<del></del>	ace of Business	2a. Mailing Addr	2a. Mailing Address				
20			26			59-2270603	N	ot Applicable
25	22		i di katan	- k 1		5. Certificate of Status Desired		
28	City & State	<b>;</b>	Crty & Stato		•	6. Election Campaign Financing		
S			28					
B. Name and Address of Current Registered Agent  SHOULD, AMNON  3384 CATAMARAN WAY  JACKSONVILLE FL 32223  B. City  FL BS Zip Code  63  B. City  FL BS Zip Code  64  City  FL BS Zip Code  65  B. City  FL BS Zip Code  65		ip Country Zij)		Cour	itry	8. This corporation has liability for i	ntangible tax under s	s. 199.032,
SHOWLO, AMNON 384 CATAMARAN WAY JACKSONNILE FL 3223  82  Street Address (If O Box Number is Not Acceptable)  83  84  Cay  FL 85  Zip Code  11. Pursuant to the provisions of Sections 607 0502 and 607 1508. Florids Statutes the other or registered registered agent or both, in the State of Florids Section 607 0505, Florids Statutes the other or registered agent or both, in the State of Florids Section 607 0505, Florids Statutes the other or registered of directors. I hereby accept the approximant as registered software or registered agent. Far familiar with, and accept the other or registered agent or both, in the State of Florids Section 607 0505, Florids Statutes  SIGNATURE  12.	24			[30]				
3394 CATAMARAN WAY JACKSONNILE FL 32223  88  80  City  FL  85  City  FL  85  City  FL  85  City  FL  85  City  FL  86  City  FL  86  City  FL  87  City  FL  88  City  FL  Addition  Change  Addition  Change  Addition  MARE  FL  Change  Addition  MARE  FL  Change  Addition  MARE  FL  Change  Addition  Change  Addition  MARE  FL  Change  Addition  MARE  FL  Change  Addition  Change  Addition  Change  Addition  Change  Addition  MARE  FL  FL  FL  FL  FL  FL  FL  FL  FL  F	<u> </u>		rent Registered Agent		<u> </u>	10. Name and Address of New Re	gistered Agent	
JACKSONNLE FL 32223    B					81 Name			
Section   Sect					82 Street Address (P.O. Box Number is Not Acceptable)			
11. Pursuant to the provisions of Sections 607 00.02 and 602 1508, Floridis Statutes the above named corporation submits this statement for the purpose of changing lite registered agent. Jam familiar with, in this State of Floridis Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent and familiar with an advance the obligations of Section 607 0.005, Floridis Statutes   SIGNATURE					B3			
11- Pursuant to the provisions of Sections 607,0002 and 602 1508, Florids Statutes the above connect corporation submits this statement for the purpose of changing lite registered office or registered agreed of the control of their purposes of changing lite registered agreed. I am familiar with, and accept the obligations of, Section 607,0006, Florids Statutes    SIGNATURE	E				<b>84</b> City		85 Zip	Code
Signature   Sign	11. Pursuant to	o the provisions of Sections 607.0 egistered agent or both, in the Str	502 and 607.1508, Floric ite of Florida Such chan	ra Statutes, the ab ge was authorized	ove-riamed c by the corpo	orporation submits this statement for the poration's board of directors. I hereby accep		ils registered registered
12.   OF FICE IS AND DIRECTORS   13.   ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.	agent. i ar	n familiar with, and accept the obl	ligations of, Section 607.	0505, Florida Stati	ites			
TITLE					Agent signature re			
MAME   STREET ADDRESS   CITY-ST-ZIP   Change   Addition   ACT		OFFICERS A	***************************************	···		ADDITIONS/CHANGES TO OFFIC		RS IN 12
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Information indicated on this authual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as it 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

(Go4) 969-1170