## 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).

Jul 30 1998 8:00am PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Socretary of State 1998 DIVISION OF CORPORATIONS **DOCUMENT #** H25671 (9) AS-COM, INC. Principal Place of Business Mailing Address 11406 N. DALE MABRY 11406 N. DALE MABRY TAMPA FL 33618 **TAMPA FL 33618** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/15/1984 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2549420 Not Applicable 21 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Country This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Zip Country Personal Property Tax due June 30. 24 25 29 30 9, Name and Address of Current Registered Agent Name and Address of New Registered Agent 81 Name SHUERT, BILL 14653 COCOMA LANE Stre 82 **ODESSA FL 33558** 83 84 City 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. John J. Moran (NOTE Registered Ag CR2E034 (5/98) 12 OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE 1.1 TITLE Change Addition DELETE NAME SHUERT, BILL 1.2 NAME 14653 COLOMA LANE STREET ADDRESS 13 STREET ADDRESS ODESSA FL 33556 1.4 CITY-ST-ZIP CITY-ST-ZIP DELFTE Presiden" TITLE 21 TITLE Addition MORAN, JOHN 2.2 NAME NAME 5306 RIDGEWELL CT. STREET ADDRESS 2.3 STREET ADDRESS TAMPA FL 33624 CITY-ST-ZIP 2.4 CHY-ST-ZIP DELETE TITLE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS 3.4 CITY-S1-ZIP CITY-ST-ZIP TITLE DELETE 4.1 TITLE Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4 4 CITY-ST-ZIP 5 1 TITLE TITLE DELETE Change Addition NAME. 5.2 NAME STREET ADDRESS 5 3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY ST-ZIP TITLE 6 1 TITLE DELETE Change \_\_\_ Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 64 CITY-ST-ZIP

14. Thereby 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 emprovered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears is pleated as the same I are the corporation or the receiver or trustee emprovered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears is pleated as the same I are the same I are

in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

John J. Moran

FILED

2444850