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Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1997

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

DOCUMENT # **J50871** **(9)**

1. Corporation Name
ASSOCIATED CONSULTING SERVICES, INC.

Principal Place of Business	Mailing Address
% LAWRENCE S. RYBKA 11686 MAIDSTONE DR. WEST PALM BEACH FL 33414	% LAWRENCE S. RYBKA 11686 MAIDSTONE DR. WEST PALM BEACH FL 33414-7057

3. Date Incorporated or Qualified: 01/02/1987
3a. Date of Last Report: 02/06/1996

2. Principal Place of Business
21: 1500 Corporate Center Way
Suite, Apt. #, etc.
22: Suite 203
City & State
23: West Palm Beach, FL
Zip 24: 33414 Country 25: USA

2a. Mailing Address
26: (Same)
Suite, Apt. #, etc.
27: (Same)
City & State
28: (Same)
Zip 29: (Same) Country 30: (Same)

4. FEI Number: 59-2768877 ☐ 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 XX Yes ☐ No

9. Name and Address of Current Registered Agent
RYBKA, LAWRENCE J
11686 MAIDSTONE DR.
WEST PALM BEACH FL 33414

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 1500 Corporate Center Way
83: Suite 203
84 City: West Palm Beach FL 85 Zip Code: 33414

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DCP	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	RYBKA, LAWRENCE S.		1.2 NAME		
STREET ADDRESS	11686 MAIDSTONE DR		1.3 STREET ADDRESS	1500 Corporate Center Way, Suite 203	
CITY-ST-ZIP	W PALM BEACH FL		1.4 CITY-ST-ZIP	West Palm Beach, FL 33414	
TITLE	DV	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	RYBKA, CHERYL		2.2 NAME		
STREET ADDRESS	11686 MAIDSTONE DRIVE		2.3 STREET ADDRESS	1500 Corporate Center Way, Suite 203	
CITY-ST-ZIP	WEST PALM BEACH FL		2.4 CITY-ST-ZIP	West Palm Beach, FL 33414	
TITLE	DT	☐ DELETE	3.1 TITLE		☒ Change ☐ Addition
NAME	RYBKA, LAWRENCE J.		3.2 NAME		
STREET ADDRESS	6690 BETA DR, #210		3.3 STREET ADDRESS	3690 Orange Place, Suite 300	
CITY-ST-ZIP	CLEVELAND OH		3.4 CITY-ST-ZIP	Beachwood, OH 44122	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do 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 _____ 2-24-97 561 798 4444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #