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

PROFIT CORPORATION ANNUAL REPORT

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998

DOCUMENT # K37460

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Mailing Address

ASCO DIVERSIFIED SERVICES, INC.

(8)

## FILED May 04 1998 8:00am Secretary of State



% SYLVAN MA 697-B N. BEAL FT. WALTON	<del></del>	% SYLVAN MARLER 697-B N. BEAL PKWY. FT. WALTON BEACH FL 32	547	DO NOT WRITE IN THIS S	SPACE
	T CHANGE	$\neg$	•	3. Date Incorporated or Qualified 10/07/1988	, 110C
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21548 Y	INLY ESTHER BUD	26 548 MARY 6	STHER BU	D NOT APPLICABLE	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	92	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	)	City & State		6. Election Campaign Financing	\$5.00 May Be
23 FT W	r cton beachte	28 FT.WALTON	o repaired	Trust Fund Contribution	Added to Fees
Zip	Country	Zip ~c3	Country	8. This corporation owes or has paid the curr	rent year Intangible
24 32-5	<del></del>		4200 AXO		Yes No
	9. Name and Address of Current F	Registered Agent		10. Name and Address of New Registered A	<b>\gent</b>
MARLER, SYLVAN  B1 Name NRUER SYLVAN					
697-B N. BEAL PKWY.					
FT.	WALTON BEACH FL 32548		<b>□</b> 37	TEMPLE AVE	
			83		
			84 City		85 Zin Code
			$\omega$ . $7$ 4	ACTOP & GACH FL	25 1-8
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, typed or printed name of registered agont and title if applicable (NOTE Registered Agent signature required when reinstating)  DATE					
12.	OFFICERS AND I	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12
TITLE	D	☐ DELET <b>É</b>	1.1 TITLE		Change
NAME	MARLER, SHIRLEY		1.2 NAME		
STREET ADDRESS	37 TEMPLE AVE.		1.3 STREET ADDRESS		
CITY-ST-ZIP	FT. WALTON BEACH FL		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	MARLER, SYLVAN		2.2 NAME	•	
STREET ADDRESS	37 TEMPLE AVE.		2.3 STREET ADDRESS		
CITY-ST-ZIP	FT. WALTON BEACH FL	<b>L</b>	2.4 CITY-ST-ZIP		•]
TITLE	D	DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	MILLS, ANTHONY STEVE		3.2 NAME		-
STREET ADDRESS	1309-E GREENACRES BLVD.		3 3 STREET ADDRESS		
CITY-ST-ZIP	FT. WALTON BEACH FL		3.4. CITY - ST - ZIP		
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		j
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		
14. I hereby o	ertify that the information supplied with on this annual report or suppliemental a	this filing does not qualify for t	the exemption stated in	n Section 119.07(3)(i), Florida Statutes. I further cer	tify 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 eath, 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 or an attachment with an address.					