

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION ANNUAL REPORT 1995



FLOIDA DEPARTMENT OF STATE  
Sandra B. Wertham  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 FEB -7 PM 3:13

DOCUMENT # L60307 (0)  
1. Corporation Name  
**ADVANCED TECHNOLOGY SALES INTERNATIONAL, INC.**

Principal Place of Business Mailing Address  
% ALLEN D. FULLER 7915 WEST 20TH AVENUE HIALEAH FL 33014  
% ALLEN D. FULLER 7915 WEST 20TH AVENUE HIALEAH FL 33014

DO NOT WRITE IN THIS SPACE.  
3. Date Incorporated or Qualified 03/27/1990  
3a. Date of Last Report 06/17/1994

2. Principal Place of Business 26. Mailing Address  
21 16401 NW 58th AVENUE 26 16401 NW 58th AVENUE  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Miami Lakes FL 28 Miami Lakes FL  
24 33014 25 DADE 29 33014 30 DADE

4. FEI Number 65-0109638 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  Yes  No

9. Name and Address of Current Registered Agent  
FULLER, ALLEN D.  
1111 LINCOLN RD  
SUITE 802  
MIAMI BEACH FL 33139

10. Name and Address of New Registered Agent  
B1 Name Same Registered Agent - Address changed  
B2 Street Address (P.O. Box Number is Not Acceptable) 2601 South Bayshore Drive  
B3 SUITE 1500  
B4 City Miami FL B5 Zip Code 33133

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when transferred) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	BROOKS, G. ALAN
STREET ADDRESS	7915 W 20TH AVENUE
CITY - ST - ZIP	HIALEAH FL
TITLE	VS
NAME	BROOKS, NANCY
STREET ADDRESS	7915 WEST 20TH AVENUE
CITY - ST - ZIP	HIALEAH FL 33014
TITLE	T
NAME	BROOKS, G. ALAN
STREET ADDRESS	7915 WEST 20TH AVENUE
CITY - ST - ZIP	HIALEAH FL 33014
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	address changed for all officers	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	16401 N.W. 58th AVENUE	
1.3 STREET ADDRESS	Miami, FL. 33014	
1.4 CITY - ST - ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information located 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 assignee 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 as an attachment with an addition.

SIGNATURE: *S Brooks* 2/2/95 (305) 556-9122  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR