

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

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



Principal Place of Business: **16401 NW 58TH AVENUE MIAMI LAKES FL 33014 US**
Mailing Address: **16401 NW 58TH AVENUE MIAMI LAKES FL 33014 US**

| | | | | | |
|--------------------------------|-------------|------------------------|-------------|---|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 03/27/1990 | 3a. Date of Last Report 02/07/1995 |
| 21 | | 26 | | 4. FEI Number 65-0189638 | Applied For Not Applicable |
| 22. Suite, Apt #, etc. | | 27. Suite, Apt #, etc. | | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 23. City & State | | 28. City & State | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 24. Zip | 25. Country | 29. Zip | 30. Country | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

| | | | | | | | |
|---|--|--|--|--|-----------|--------------|--|
| g. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | | |
| FULLER, ALLEN D. 2601 SOUTH BAYSHORE DRIVE SUITE 1500 MIAMI FL 33133 | | | | 81. Name | | | |
| | | | | 82. Street Address (P.O. Box Number is Not Acceptable) | | | |
| | | | | 83. | | | |
| | | | | 84. City | FL | 85. Zip Code | |

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) (Date of Registered Agent sign if not required when renewing)

| | | | |
|----------------------------|------------------------------|---|--|
| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| TITLE | D | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BROOKS, G. ALAN | 1.2 NAME | |
| STREET ADDRESS | 16401 NW 58TH AVENUE | 1.3 STREET ADDRESS | |
| CITY - ST - ZIP | MIAMI FL | 1.4 CITY - ST - ZIP | |
| TITLE | VS | 2.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BROOKS, NANCY | 2.2 NAME | Nancy Brooks |
| STREET ADDRESS | 7915 WEST 20TH AVENUE | 2.3 STREET ADDRESS | 16401 NW 58th Ave |
| CITY - ST - ZIP | HIALEAH FL 33014 | 2.4 CITY - ST - ZIP | Miami, FL, 33014 |
| TITLE | | 3.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BROOKS, G. ALAN | 3.2 NAME | G. Alan Brooks |
| STREET ADDRESS | 7915 WEST 20TH AVENUE | 3.3 STREET ADDRESS | 16401 NW 58th Ave |
| CITY - ST - ZIP | HIALEAH FL 33014 | 3.4 CITY - ST - ZIP | Miami, FL 33014 |
| TITLE | | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 4.4 CITY - ST - ZIP | |
| TITLE | | 5.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | 300001779368 |
| STREET ADDRESS | | 5.3 STREET ADDRESS | -04/15/96--01020--030 |
| CITY - ST - ZIP | | 5.4 CITY - ST - ZIP | ***400.00 |
| TITLE | | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 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)(k), 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, changed, or on an attachment with an address.

SIGNATURE: *S. Brooks* **4/4/96 305-556-9122**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #
05 4114791

CR2E034 (12/95)