


FILE NOW: Fee after May 1, will be \$3.75

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|--|---------------------------|--|---|--|--|
| LIMITED LIABILITY COMPANY ANNUAL REPORT 1997 | |  FLORIDA DEPARTMENT OF STATE Sandra S. Mortham Secretary of State DIVISION OF CORPORATIONS | | FILED 97 MAY 30 AM 9:06 SECRETARY OF STATE TALLAHASSEE, FLORIDA | |
| FILING FEE \$ 203.75 | | Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE | | | |
| 1. Name and Mailing Address of Limited Liability Company | | DOCUMENT # L96000001286 | | 1a. Principal Place of Business Address | |
| DIVERSIFIED OFFICE SOLUTIONS, L.C. 1911 U.S. HWY. 301 NORTH, SUITE 140 CENTER POINT BUSINESS PARK TAMPA FL 33619 | | | | 1911 U.S. HWY. 301 NORTH, SUI CENTER POINT BUSINESS PARK TAMPA FL 33619 | |
| If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a. | | | | | |
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Organized or Qualified | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 12/10/1996 | |
| City & State | | City & State | | FL | |
| Zip | | Country | | 4. FEI Number | |
| | | | | 45-0734969 | |
| | | | | 5. Date of Last Report | |
| | | | | 6. Certificate of Status Desired | |
| | | | | <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable \$8.75 Additional Fee Required <input type="checkbox"/> | |
| 7. Name and Address of Current Registered Agent | | | 8. Name and Address of New Registered Agent | | |
| MOORE, JOHN L ESQUIRE 200 SOUTH ORANGE AVENUE SARASOTA FL 34236 | | | Name <i>Tony Coleman c/o Aasys Group Inc</i> Street Address (P.O. Box Number is Not Acceptable) <i>4464 N. Washington Blvd</i> Suite, Apt. #, etc. City <i>Sarasota</i> Zip Code <i>FL 34236</i> | | |
| 9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company 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 affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations. | | | | | |
| <i>Tony Coleman</i> DATE <i>5/27/97</i> | | | | | |
| 10. Title | Managing Members/Managers | Business Street Address | | City, State and Zip Code | |
| MGRM | AASYS GROUP, INC. | 1911 U.S. HWY. 301 NORTH, | | TAMPA FL | |
| MEM | BASKIN, BILLY RAE | 10454 N.W. 31ST TERRACE | | MIAMI FL | |
| 600002201176--5 -06/04/97--01053--003 ****203.75 ****203.75 <i>DBU-2-97</i> | | | | | |
| 11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address. | | | | | |
| SIGNATURE: <i>Tony Coleman</i> | | 4/25/97 | | 941-346-5299 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER | | Date | | Daytime Phone # | |