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

DOOLINGENIT #	M15443	(8
DOCUMENT #		Ų

ASSET SERVICES INTERNATIONAL CO., INC.

Pri	incipal Place of Business		Mailing Address						
	6043 Arlington Expre Jacksonville FL 32211 US		PO BOX 11131 JACKSONVILLE FL 32239 US						
2.	Principal Place of Busin	ess	2a. Mailing Address	 ;					
21	P.O. Rox	11131	26 P.O. I	3ox_11131					
	Suite, Apt. #, etc.		Suite, Apt. #, e						
22			27						
	City & State		City & State						
23	Jacksonvi	11e, FL	28 Jackson	nville, FL					
_	Zφ	Country	Zip	Country					
24	32239	25 U S A	29 32239	30 USA					
	9. Name	and Address of Curi	rent Registered Agent						
				81 Name D					
	9. Name	and Address of Curr	rent Registered Agent	81 Name [



03/30/1995

Applied For

Not Applicable

3. Date incorporated or Qualified 3a. Date of Last Report

05/14/1985

59-2553361

4. FEI Number

Suite, Apt. #,		1131		20	Suite, Apt. #, etc.	K1 11-1-	51		5. Certificate of Status Desired			Additional Required
City & State				27	City & State	 :11.	· ·		6. Election Campaign Financing			May Be
3 Jacks	onvil			28	Jacksonv				Trust Fund Contribution 8. This corporation has liability for it	intropolitio tar		
Zrp	_	Cour			Zip	—:-a	intry			No []	. Grider a	185.002,
4 32239	2	25	USA ress of Curre	29	32239	30	USA	l.	10. Name and Address of New R		gent	
	9. Name a	ino Aoo	ress of Curre	ili negia	Stored Agent		81 Name			=		
DIACHENKO, THOMAS 6043 ARLINGTON EXPRESSWAY JACKSONVILLE FL 32211						83 84 City	Diachenko, Thomas t Address (P.O. Box Number is Not Acceptable) 13853 Hillandale Drive Jacksonville FL 85 Zip Code 32211					
or registered familiar with	ed agent, or b n, and accep Thoma	both, in that In the obl S Di	ne State of Flo igations of, Se	noa. Suc ction 607	n change was author 1.0505, Florida Statute President	ZCCLEX UTC.	ove-named concorporation's b	a constitu	in submits this statement for the purific department for the purific department of the appropriate of			egistered office Lagent, Lam
<u> </u>	Signature typed o	rsi, certifd a	OFFICERS A			13.	:		ADDITIONS/CHANGES TO OFF	ICERS AND	DIRECTO	IRS IN 12
TITLE	DP		01110211071		DELETE		THE	DP			Change	[_] Addition
NAME	DIACHE	NKO. T	HOMAS			121	IAME	о.	achenko, Thomas			
STREET ADDRESS			ON EXPRES	SWAY		135	STREET ADDRESS		0. Box 11131			ļ
City-St-ZiP	JACKSC					14(DTY+51+Z6*	Ъå	cksonville, F.L.	32211		
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STREET ADDRESS						235	STREET ADDRESS					
						241	5-TY - ST - 7-P					
CITY-ST-ZIP TITLE					☐ DELETE	3 1	TITLE				Change	Addition
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CITY-ST-7IP						3.4	DITY - ST-ZIP					
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NAME						4.2	NAME					
STREET ADDRESS						43	STREET ADDRESS					ļ
CITY-ST-ZIP						4.4	CITY-ST-ZIP					
TOTALE					☐ DELETE		THEF			[Change	Addition
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CITY - ST - ZIP						5.4	C(1) Y - S1 - Z(F					
TITLE					DELETE	6 1	TILE			[Change	Addition
NAME						6.2	NAME					
STREET ADDRESS						63	STREET ADDRESS					
						6.4	CITY.ST.7P					
14. I do hereby	y certify that	the infor	mation supplie	d with thi	is filing is voluntarily f	irnished arii	didoes not qua	ify for	the exemption stated in Section 119	9,07(3)(k). Ek	rida Statu ettect as i	ites. I further if made under
certify that	t the informat	tion indic	ated on this at	nnual rept moration	ort or supplemental a or the receiver or trus attachment with an ac	nnua: repior stee embow	is true and accerate	corare e this r	and that my signature shall have the epiort as required by Chapter 607. F	lorida Stalul	es; and th	iat my name