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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **M15443** (8)

1. Corporation Name

ASSET SERVICES INTERNATIONAL CO., INC.



Principal Place of Business

**6043 ARLINGTON EXPRESSWAY
JACKSONVILLE FL 32211
US**

Mailing Address

**PO BOX 11131
JACKSONVILLE FL 32239
US**

2. Principal Place of Business

2a. Mailing Address

21 **P.O. Box 11131**
Suite, Apt. #, etc.

26 **P.O. Box 11131**
Suite, Apt. #, etc.

22 City & State
23 **Jacksonville, FL**

27 City & State
28 **Jacksonville, FL**

24 Zip **32239** 25 Country **USA**

29 Zip **32239** 30 Country **USA**

9. Name and Address of Current Registered Agent

**DIACHENKO, THOMAS
6043 ARLINGTON EXPRESSWAY
JACKSONVILLE FL 32211**

81 Name **Diachenko, Thomas**
82 Street Address (P.O. Box Number is Not Acceptable)
13853 Hillandale Drive
83
84 City **Jacksonville** FL 85 Zip Code **32211**

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 **Thomas Diachenko, President** *Thomas Diachenko*

Jan 16, 96

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent Signature required when instituting)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
DP	DIACHENKO, THOMAS	6043 ARLINGTON EXPRESSWAY	JACKSONVILLE FL	<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	Change	Addition
DP	Diachenko, Thomas	P.O. Box 11131	Jacksonville, FL 32211	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	Change	Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	Change	Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	Change	Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	Change	Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	Change	Addition

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 if changed, or on an attachment with an address.

SIGNATURE: **Thomas Diachenko, President** *Thomas Diachenko* Jan 16, 96 (904) 724-1106

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Telephone Number

CR2E034 (12/95)