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**Apr 23 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # M93319 (5)
1. Corporation Name
AS/GBI CORPORATION



Principal Place of Business Mailing Address
**% GATOR BOWL INN
455 HAINES STREET
JACKSONVILLE FL 32202**

3. Date Incorporated or Qualified **08/08/1988** 3a. Date of Last Report **08/05/1996**
4. FEI Number **59-2928962** 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

2. Principal Place of Business 2a. Mailing Address
21. State, Apt. #, etc. 26. Suite, Apt. #, etc.
22. City & State 27. City & State
23. Zip Country 28. Zip Country
24. 25. 29. 30.

9. Name and Address of Current Registered Agent
**LEPRELL, SAMUEL L.
1300 GULF LIFE DRIVE
SUITE 800
JACKSONVILLE FL 32207**

10. Name and Address of New Registered Agent
81 Name **Le Prell, Samuel L.**
82 Street Address (P.O. Box Number is Not Acceptable) **Suite 901, Blackstone Building**
83 **233 East Bay Street**
84 City **Jacksonville** FL 85 Zip Code **32207**

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 607.0504, Florida Statutes.
SIGNATURE: *[Signature]* DATE: **4/13/97**

12. OFFICERS AND DIRECTORS

TITLE	D, P, S, T	<input type="checkbox"/> DELETE
NAME	SHAH, ARVIND	
STREET ADDRESS	% 455 HAINES STREET	
CITY - ST - ZIP	JACKSONVILLE FL	
TITLE	OFF V.P.	<input type="checkbox"/> DELETE
NAME	DESAI BHAGIRATH	
STREET ADDRESS	C/O 455 HAINES STREET	
CITY - ST - ZIP	JACKSONVILLE FL	
TITLE	OFF V.P.	<input type="checkbox"/> DELETE
NAME	SHAH JASHWANT	
STREET ADDRESS	% 455 HAINES STREET	
CITY - ST - ZIP	JACKSONVILLE, FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Director, President, Secretary, Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
2.1 TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE	Vice President	<input type="checkbox"/> Change <input checked="" 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 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 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: *[Signature]* **ARVIND SHAH PRESIDENT** 4/14/97 408-998-7121
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)