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FILED
Aug 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N28331**

1. Corporation Name

THE AMERICAN SYSTEM OF EXECUTIVES, INC.

Principal Place of Business

Mailing Address

**145 HARMONY DRIVE
JOHNSTOWN, PA 15909**

**145 HARMONY DRIVE
JOHNSTOWN, PA 15909**

NAME CHANGE

3. Date Incorporated or Qualified **9/13/88** 2/09/90 3a. Date of Last Report **5/96 (4/12/96)**

2. Principal Place of Business	2a. Mailing Address
21 SAME AS ABOVE	26 SAME AS ABOVE
22 Suite, Apt. #, etc. "	27 Suite, Apt. #, etc. "
23 City & State "	28 City & State "
24 Zip " Country USA	29 Zip " Country USA

4. FEI Number 65-0086595	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**EDWARD C. SMITH
208 GLADES CIRCLE
LARGO, FLORIDA, 34641**

81 Name NA
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0603, Florida Statutes.

SIGNATURE

Edward C. Smith

8/1/97

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE EXECUTIVE DIRECTOR <input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME EDWARD C. SMITH	1.2 NAME		
STREET ADDRESS 208 GLADES CIRCLE	1.3 STREET ADDRESS		
CITY-ST-ZIP LARGO, FL 34641	1.4 CITY-ST-ZIP		
TITLE DIRECTOR <input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME E. MARK SMITH	2.2 NAME		
STREET ADDRESS 18417 NE 137 ST.	2.3 STREET ADDRESS		
CITY-ST-ZIP WOODBRIDGE, VA 22192	2.4 CITY-ST-ZIP		
TITLE DIRECTOR <input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME MATTHEW M. SMITH	3.2 NAME		
STREET ADDRESS 208 GLADES CIRCLE	3.3 STREET ADDRESS		
CITY-ST-ZIP LARGO, FL 34641	3.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE	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 <input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	5.2 NAME		
STREET ADDRESS	5.3 STREET ADDRESS		
CITY-ST-ZIP	5.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE	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		

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***70.00**

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Edward C. Smith
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
EDWARD C. SMITH

8/1/97

Date

814-322-3932

Daytime Phone #

CR2E037 (9/96)