

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P34507 (4)**

1. Corporation Name
AFSA DATA CORPORATION



Principal Place of Business: **2277 EAST 220TH ST. LONG BEACH CA 90810-1639**
Mailing Address: **ATTN: STEVEN P. ALLEN 2277 EAST 220TH ST. LONG BEACH CA 90810-1639**

3. Date Incorporated or Qualified 06/24/1991	3a. Date of Last Report 10/13/1995
4. FEI Number 95-2501112	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
6. This corporation has liability for intangible tax under s 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

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

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: _____ (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	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MUTTERPERL, WILLIAM	1.2 NAME	
STREET ADDRESS	50 KENNEDY PLAZA	1.3 STREET ADDRESS	
CITY-ST-ZIP	PROVIDENCE RI	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SARLES, H. JAY L	2.2 NAME	
STREET ADDRESS	50 KENNEDY PLAZA	2.3 STREET ADDRESS	
CITY-ST-ZIP	PROVIDENCE RI	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCQUADE, EUGENE M	3.2 NAME	
STREET ADDRESS	50 KENNEDY PLAZA	3.3 STREET ADDRESS	
CITY-ST-ZIP	PROVIDENCE RI	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZUCCHINI, MICHAEL R.	4.2 NAME	
STREET ADDRESS	50 KENNEDY PLAZA	4.3 STREET ADDRESS	
CITY-ST-ZIP	PROVIDENCE RI	4.4 CITY-ST-ZIP	
TITLE	DC <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEAFSTEDT, DOUGLAS A.	5.2 NAME	
STREET ADDRESS	2277 E. 220TH ST.	5.3 STREET ADDRESS	
CITY-ST-ZIP	LONG BEACH CA	5.4 CITY-ST-ZIP	
TITLE	DP <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SNYDER, STEVEN E.	6.2 NAME	
STREET ADDRESS	2277 E. 220TH ST.	6.3 STREET ADDRESS	
CITY-ST-ZIP	LONG BEACH CA	6.4 CITY-ST-ZIP	

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: Douglas A. Leafstedt
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/96 310 513-2999
Date Daytime Phone #

CR2E034 (12/95)