

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**  
**Feb 26 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION  
 ANNUAL REPORT  
**1997**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Northam**  
 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  
**02/09/1996**

4. FEI Number  
**95-2501112**

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

21. Suite, Apt. #, etc.

22. City & State

23. Zip

24. Country

25. Country

26. Mailing Address

27. Suite, Apt. #, etc.

28. City & State

29. Zip

30. 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

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

85. Zip Code

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

|                 |                              |                                 |
|-----------------|------------------------------|---------------------------------|
| TITLE           | <b>D</b>                     | <input type="checkbox"/> DELETE |
| NAME            | <b>MUTTERPERL, WILLIAM</b>   |                                 |
| STREET ADDRESS  | <b>50 KENNEDY PLAZA</b>      |                                 |
| CITY - ST - ZIP | <b>PROVIDENCE RI</b>         |                                 |
| TITLE           | <b>D</b>                     | <input type="checkbox"/> DELETE |
| NAME            | <b>SARLES, H. JAY L</b>      |                                 |
| STREET ADDRESS  | <b>50 KENNEDY PLAZA</b>      |                                 |
| CITY - ST - ZIP | <b>PROVIDENCE RI</b>         |                                 |
| TITLE           | <b>D</b>                     | <input type="checkbox"/> DELETE |
| NAME            | <b>MCQUADE, EUGENE M</b>     |                                 |
| STREET ADDRESS  | <b>50 KENNEDY PLAZA</b>      |                                 |
| CITY - ST - ZIP | <b>PROVIDENCE RI</b>         |                                 |
| TITLE           | <b>D</b>                     | <input type="checkbox"/> DELETE |
| NAME            | <b>ZUCCHINI, MICHAEL R.</b>  |                                 |
| STREET ADDRESS  | <b>50 KENNEDY PLAZA</b>      |                                 |
| CITY - ST - ZIP | <b>PROVIDENCE RI</b>         |                                 |
| TITLE           | <b>DC</b>                    | <input type="checkbox"/> DELETE |
| NAME            | <b>LEAFSTEDT, DOUGLAS A.</b> |                                 |
| STREET ADDRESS  | <b>2277 E. 220TH ST.</b>     |                                 |
| CITY - ST - ZIP | <b>LONG BEACH CA</b>         |                                 |
| TITLE           | <b>DP</b>                    | <input type="checkbox"/> DELETE |
| NAME            | <b>SNYDER, STEVEN E.</b>     |                                 |
| STREET ADDRESS  | <b>2277 E. 220TH ST.</b>     |                                 |
| CITY - ST - ZIP | <b>LONG BEACH CA</b>         |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                     |   |
|---------------------|---|
| 1.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME            |   |
| 1.3 STREET ADDRESS  |   |
| 1.4 CITY - ST - ZIP |   |
| 2.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME            |   |
| 2.3 STREET ADDRESS  |   |
| 2.4 CITY - ST - ZIP |   |
| 3.1 TITLE           | <input type="checkbox"/> Change <input 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: *Douglas A. Leafstedt*  
 \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)