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

PROFIT CORPORATION **ANNUAL REPORT**

1998

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

FILED

Feb 24 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Corporation	AST CORPORATION	J073900 (1)		
Principal Place of Business 200 VALENCIA AVE. MATLAND FL 32751		Maibing Address PO BOX 1618 MAITLAND FL 32751		
		US		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified
				10/19/1993
2. Principal Place of Business		2a. Mailing Address		4. FEI Number Applied For
Suite, Apt. #. etc.		Suite, Apt. #, etc.		APPLIED FOR \$9 - 343/650 Not Applicable \$8.75 Additional
22		27		5. Certificate of Status Desired Fee Regulred
City & State		City & State		6. Election Campaign Financing \$5.00 May Be
23		28		Trust Fund Contribution
Zip	Country	700 2 2 12 011	Country	8. This corporation owes or has paid the current year Intangible
24	[25]		30]	Personal Property Tax due June 30. Yes No
	9. Name and Address of Curren	it Hegistered Agent	B1 Name	10. Name and Address of New Registered Agent
WHLEN, OIDNEY L 2180 SANLANDO CENTER SUITE 1136 2180 WEST S. R. 434 LONGWOOD FL 32779			B2 Street Add 1133 83 Sui-	ress (P.O. Box Number is Not Acceptable) Spring Centre 5., Blud. tc C Monte Socings FL 85 210 Code 32714
	o the provisions of stations 607 050 gristered agent, of with in the Station in familiar with and accept the folig	2 and 607,1506, Florida Statute of Horiza 191ch change was a stans of faction 607,6505, Flo	es, the above-named corp uthorized by the corpora rida Statutes.	poration submits this statement for the purpose of changing its registered tion's board of directors. I hereby accept the appointment as registered
SIGNATURE	Styristians, typed or professioners, of regulated any	Compart Apply able (NOTE	Registered Agent signature requi	red when reinstating) DATE
12.	OFFICERS AN		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DPST HICKMAN, ANDRE F.	DELETE	1.1 10°LE 1.2 NAME	☐ Change ☐ Addition
NAME STREET ADDRESS	200 VALENCIA AVENUE		1.3 STREET ADDRESS	
CITY-ST-ZIP	MAITLAND FL		1.4 C(TY-5T-2(P	
TITLE		DELETE	2 1 TITLE	Change Addition
NAME			2 2 NAME	
STREET ADDRESS			23 STREET ADORESS	
CITY-ST-ZIP			2 4 CITY-ST-ZIP	
TITLE		DELETE	3.1 TITLE	Change
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP TITLE		DELETE	3.4. CITY - ST - ZIP 4.1 TITLE	Change Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		DELETE	5.1 TITLE	Change Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	Change Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP	ortify that the information supplied w	ith the films done not avalide for	the exemption stated in	Section 119.07(3)(i), Florida Statutes. I further certify that the information
indicated :	on this annual report or supplements	il annual report is true and accu	rate and that my signatu	re shall have the same legal effect as if made under oath; that I am an uired by Chapter 607, Florida Statutes; and that my name appears in