

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

FILED

Feb 27 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 # P94000045331 (3)

1. Corporation Name  
LEWIS ASAP, INC.



Principal Place of Business  
~~12014 SW 1ST STREET~~  
~~CORAL SPRINGS FL 33071~~  
6372 N. W. 38th Drive  
Coral Springs, FL 33067

Mailing Address  
~~12014 SW 1ST STREET~~  
~~CORAL SPRINGS FL 33071~~  
6372 N. W. 38th Drive  
Coral Springs, FL 33067

3. Date Incorporated or Qualified  
06/13/1994

3a. Date of Last Report  
04/22/1996

4. FEI Number  
65-0495669

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 6372 N. W. 38th Drive  
23 City & State  
Coral Springs, Florida  
24 Zip 33067 Country USA

2a. Mailing Address  
26 6372 N. W. 38th Drive  
27 Suite, Apt. #, etc.  
28 City & State  
Coral Springs, FL 33067  
29 Zip 33067 Country USA

9. Name and Address of Current Registered Agent  
LEWIS, ROBERT K  
~~12014 SW 1ST STREET~~  
~~CORAL SPRINGS FL 33071~~  
6372 N. W. 38th Drive  
Coral Springs, Florida 33067

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
6372 N. W. 38th Drive  
83  
84 City  
Coral Springs FL 85 Zip Code 33067

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LEWIS, ROBERT K <del>12014 SW 1ST STREET</del> <del>CORAL SPRINGS FL 33071</del>	11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 6372 N. W. 38th Drive Coral Springs, Florida 33067
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP LEWIS, JEFFREY R 45 GLEASON ST DELRAY BEACH FL DELRAY BEACH, FL	21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition DELRAY BEACH, FLORIDA 33483
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SEC. MARY KATHLEEN LEWIS 6372 N. W. 38th Drive Coral Springs, Florida 33067	31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition MARY KATHLEEN LEWIS 6372 N. W. 38th Drive Coral Springs, Florida 33067
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

*Robert K. Lewis*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT K. LEWIS

1/22/97

(954) 753-2066

CR2E034 (9/96)