FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P95000001580 (6)**

1. Corporation Name

ASI SYSTEMS, INC.

Principal Place of Business	Mailing Address
2520 N CR 427. SUITE 100 LONGWOOD FL 32750	2520 N CR 427. SUITE 100 LONGWOOD FL 32750

3. Date Incorporated or Qualified: 01/06/1995
3a. Date of Last Report:

2. Principal Place of Business
21: 1822 Longwood/
22 Suite, Apt. #, etc.: LAKE MARY Rd
23 City & State: Longwood, FL
24 Zip: 32750
25 Country: Seminole

2a. Mailing Address
26: 1822 Longwood/
27 Suite, Apt. #, etc.: LAKE MARY Rd
28 City & State: Longwood, FL
29 Zip: 32750
30 Country: Seminole

4. FEI Number: 59-3288 205 ☐ 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

9. Name and Address of Current Registered Agent

HODGES, GEORGE
111 W MAGNOLIA AVENUE
SUITE 107
LONGWOOD FL 32750-4169

10. Name and Address of New Registered Agent

81 Name: George Hodges
82 Street Address (P.O. Box Number is Not Acceptable): 455 E SR 434
83: Suite 300
84 City: Longwood FL FL 85 Zip Code: 32750

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 _____ DATE _____
Signature, typed or printed name of individual & capacity of director, officer or agent (NOTE: Registered Agent signature required whenever applicable)

12. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Kenneth L Hoffmann 503 Mockingbird Ct LAKE Mary FL 32746	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President Reginald Clifford 359 Sprucewood Ct. LAKE MARY FL 32746	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (12/95)

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)(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: Kenneth L Hoffmann Kenneth L Hoffmann 4/24/96 407-862-9991
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone