

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 # P95000056360 (7)

1. Corporation Name

AMERICAN SERVICE CORPORATION

Principal Place of Business

2003 BEDFORD DRIVE  
PALM BEACH GARDENS FL 33403

Mailing Address

2003 BEDFORD DRIVE  
PALM BEACH GARDENS FL 33403



2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified 07/20/1995	3a. Date of Last Report
4. FEI Number 65-0599495	Applied For 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name	TERRY L PARKER
82 Street Address (P.O. Box Number is Not Acceptable)	2003 BEDFORD DR
83	
84 City	PALM BEACH GARDENS FL
85 Zip Code	33403

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

4/17/96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	STREET ADDRESS	1.2 NAME	
CITY - ST - ZIP		1.3 STREET ADDRESS	
		1.4 CITY - ST - ZIP	
TITLE	NAME	2.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	STREET ADDRESS	2.2 NAME	
CITY - ST - ZIP		2.3 STREET ADDRESS	
		2.4 CITY - ST - ZIP	
TITLE	NAME	3.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	STREET ADDRESS	3.2 NAME	
CITY - ST - ZIP		3.3 STREET ADDRESS	
		3.4 CITY - ST - ZIP	
TITLE	NAME	4.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	STREET ADDRESS	4.2 NAME	
CITY - ST - ZIP		4.3 STREET ADDRESS	
		4.4 CITY - ST - ZIP	
TITLE	NAME	5.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	STREET ADDRESS	5.2 NAME	
CITY - ST - ZIP		5.3 STREET ADDRESS	
		5.4 CITY - ST - ZIP	
TITLE	NAME	6.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	STREET ADDRESS	6.2 NAME	
CITY - ST - ZIP		6.3 STREET ADDRESS	
		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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/96

407-725-9499

CR2E034 (12/95)