

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

FILED

Mar 25 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 # P95000066122 (9)																																																																																																																																							
1. Corporation Name ASTEC INTERNATIONAL HUMAN ASSET TECHNOLOGIES, INC.																																																																																																																																							
Principal Place of Business 2800 SOUTH OAKLAND FOREST DRIVE #2203 FT. LAUDERDALE FL 33309		Mailing Address 2800 SOUTH OAKLAND FOREST DRIVE #2203 FT. LAUDERDALE FL 33309-5648																																																																																																																																					
2. Principal Place of Business 21 GARY J. GRAPPO 2840 S. OAKLAND FOREST DR. #2805 FT. LAUDERDALE, FL 33309 City & State 23 Zip Country 25		2a. Mailing Address 26 GARY J. GRAPPO 2840 S. OAKLAND FOREST DR. #2805 FT. LAUDERDALE, FL 33309 City & State 28 Zip Country 30																																																																																																																																					
9. Name and Address of Current Registered Agent GRAPPO, GARY J 2840 S. OAKLAND FOREST DRIVE SUITE 2805 FORT LAUDERDALE FL 33309		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 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 _____ DATE _____ (Note: Registered Agent signature required when reinstating)																																																																																																																																							
12. OFFICERS AND DIRECTORS <table border="1"> <tr> <td>TITLE</td> <td>D</td> <td>☐ DELETE</td> </tr> <tr> <td>NAME</td> <td>GRAPPO, GARY J</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2800 S. OAKLAND FOREST DR. #2203</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>FT. LAUDERDALE FL 33309</td> <td></td> </tr> <tr> <td>TITLE</td> <td>D</td> <td>☐ DELETE</td> </tr> <tr> <td>NAME</td> <td>EICHER, CAROL</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>184 INNOVATION BLVD.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>STATE COLLEGE PA</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td>☐ DELETE</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td>☐ DELETE</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td>☐ DELETE</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE	D	☐ DELETE	NAME	GRAPPO, GARY J		STREET ADDRESS	2800 S. OAKLAND FOREST DR. #2203		CITY-ST-ZIP	FT. LAUDERDALE FL 33309		TITLE	D	☐ DELETE	NAME	EICHER, CAROL		STREET ADDRESS	184 INNOVATION BLVD.		CITY-ST-ZIP	STATE COLLEGE PA		TITLE		☐ DELETE	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		☐ DELETE	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		☐ DELETE	NAME			STREET ADDRESS			CITY-ST-ZIP			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 <table border="1"> <tr> <td>1.1 TITLE</td> <td>GARY J. GRAPPO</td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td>1.2 NAME</td> <td>2840 S. OAKLAND FOREST DR. #2805</td> <td></td> </tr> <tr> <td>1.3 STREET ADDRESS</td> <td>FT. LAUDERDALE, FL 33309</td> <td></td> </tr> <tr> <td>1.4 CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>2.1 TITLE</td> <td></td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td>2.2 NAME</td> <td></td> <td></td> </tr> <tr> <td>2.3 STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>2.4 CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>3.1 TITLE</td> <td></td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td>3.2 NAME</td> <td></td> <td></td> </tr> <tr> <td>3.3 STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>3.4 CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>4.1 TITLE</td> <td></td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td>4.2 NAME</td> <td></td> <td></td> </tr> <tr> <td>4.3 STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>4.4 CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>5.1 TITLE</td> <td></td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td>5.2 NAME</td> <td></td> <td></td> </tr> <tr> <td>5.3 STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>5.4 CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>6.1 TITLE</td> <td></td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td>6.2 NAME</td> <td></td> <td></td> </tr> <tr> <td>6.3 STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>6.4 CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		1.1 TITLE	GARY J. GRAPPO	☐ Change ☐ Addition	1.2 NAME	2840 S. OAKLAND FOREST DR. #2805		1.3 STREET ADDRESS	FT. LAUDERDALE, FL 33309		1.4 CITY-ST-ZIP			2.1 TITLE		☐ Change ☐ Addition	2.2 NAME			2.3 STREET ADDRESS			2.4 CITY-ST-ZIP			3.1 TITLE		☐ Change ☐ Addition	3.2 NAME			3.3 STREET ADDRESS			3.4 CITY-ST-ZIP			4.1 TITLE		☐ Change ☐ Addition	4.2 NAME			4.3 STREET ADDRESS			4.4 CITY-ST-ZIP			5.1 TITLE		☐ Change ☐ Addition	5.2 NAME			5.3 STREET ADDRESS			5.4 CITY-ST-ZIP			6.1 TITLE		☐ Change ☐ Addition	6.2 NAME			6.3 STREET ADDRESS			6.4 CITY-ST-ZIP		
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14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 607.0507(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 act for the corporation under the provisions of the Florida Statutes; and that my name appears in Block 12 or Block 13, if changed, or on an attachment with an address.																																																																																																																																							
SIGNATURE: <i>Gary J. Grappo</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		3/22/97 954-484-6495 Date Digital Photo #																																																																																																																																					



CR2E034 (9/96)