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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

4506 CURRYFORD RD

ORLANDO FL 32812

DOCUMENT # **P95000082313 (4)**

Principal Place of Business

6239 EDGEWATER DR., STE. D7

ASCI COMPUTER INC.

Mailing Address

% A A ALI. CPA 6239 EDGEWATER DR., STE, D7 ORLANDO FL 32810-4747

FILED Jan 15 1997 8:00am Secretary of State



3. Date Incorporated or Qualified 3. Date of Last Report

				10/16/1995	05/01/1996	
2. Principal Place of Bus ness		2a. Mailing Address			Applied For	
21 4306	Currytord Rd #, etc.	26 4506 Curre	iford Kd	59-3344898	Not Applicable	
22		Suite, Apt #, etc. 27		5. Certificate of Status Desired	S8.75 Additional Fee Required	
City & State		City & State	7	6. Election Campaign Financing	\$5.00 May Be	
23 Orlan		28 Orlando	FL.	Trust Fund Contribution	Added to Fees	
ع د 3 ^{Zip} ع	Country	Zip 32812	Country		or intangible tax under s. 199.032,	
24 クンと	9. Name and Address of Currer		30	Florida Statutes 10. Name and Address of New	Yes No	
SKE	ETE, CLIFFORD	n negratorea Agent	Orac CCC O			
301 MACON WAY				81 Name SKEETE, CLIFFURD		
ST CLOUD FL 34769				Street Address (P.O. Box Number is Not Acceptable)		
0. 0			83	30/ 1-1/1-07-	- W 1 1	
			84 City	St. CLOUD	EI 85 Zip Code	
11. Pursuarit t	to the provisions of Sections 607.050)2 and 607,1508, Florida Statut	es, the above-named o	cornoration submits this statement for th	e 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. Lam familiar with, and accept the obligations of, Section 607,0505, Florida Statutes.						
SIGNATURE	Signature typed or protect name of registered ap-	out and tide of applicabile (NOT	E Registered Agent signature re	equired when reinstating)	DATE	
12.	OFFICERS AN	D DIRECTORS	13.	ADDITIONS/CHANGES TO OF	FICERS AND DIRECTORS IN 12	
1-11.6	P	DELETE	1.1 TITLE		Change Addition	
NAME	SKEETE, CLIFFORD		1.2 NAME]	
STREET ADDRESS	301 MACON WAY		1.3 STREET ADDRESS			
CHTY-ST-ZiP	ST CLOUD FL		1.4 CITY - ST - ZIP		·	
7:11. 1	VP	DELETE	2 1 TITLE		Change Addition	
NAME	ALI, AKBAR A		2.2 NAME			
STREET ADDRESS	280 MOCKINGBIRD LN		2.3 STREET ADDRESS			
CITY-ST-ZIP	CASSELBERRY FL		2. 4 CITY - ST - ZIP		·	
TITLE		☐ DELETE	3.1 TITLE		Change Addition	
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-20F			3.4. CITY-S1-ZIP			
TITLE		☐ DELETE	4.1 TITLE		Change Addition	
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS		ļ	
CITY-ST-ZIF		D No Fre	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 TITLE		DELETE	5.4 CITY - ST - ZIP	***************************************	Change	
		L_J Deter	61 TITLE		L_1 Change L_1 Addition	
NAME CTOSCILATIONICES			6.2 NAME			
STREET ADORESS			6.3 STREET ADDRESS			
14. I do hereb	ov certify that the information supplie	d with this filing does not quali	fy for the exemption sta	ated in Section 119 07/3Vi). Florida Stat	utes I further certify that the	
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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DUTE 1/7/97						