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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000084128

1. Corporation Name

AUDIT SERVICE CORPORATION

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Principal Place of Business Mailing Address					T \$885580 IIO 19104 OLIIT GOIH ERII OEILE	- MOTAL INTIL NEWSTRINES	
·		3201 N FEDERAL HIGHWAY	DERAL HIGHWAY				
SUITE 200 SUITE 200					DO NOT WRITE IN	TUIC SDACE	
FORT LAUDERDALE FL 33306 FORT LAUDERDALE FL 33306					DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualifed		
					11/01/1995		
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	- Ar	oplied For
 , · · ·		26		65-0629764	. No	ot Applicable	
Suite. Apt. #, etc.		Suite, Apt. #, etc.			\$8.75	Additional	
22		27		5. Certificate of Status Desired	Fee Re	equired	
City & State		City & State		6. Election Campaign Financing		May Be	
23		28		Trust Fund Contribution		to Fees	
Zip	Country	Zip	Country		8. This corporation owes the current ye	ear Intangible Yes	□No
24	25	29 30	<u> </u>		Personal Property Tax. 10. Name and Address of New Regist		
	9. Name and Address of Current	Registered Agent	81	Name	10. Name and Address of New Regist	ereu Agent	
POPERTO POREDT V				(Valific			
Roberts, Robert V 3201 N Federal Highway			82	Street Ad	ddress (P.O. Box Number is Not Acceptable)		
SUITE 200			83	_			
FORT LAUDERDALE FL 33306			03		<u> </u>		
OH EADENDALE IE SOOO			84	City		FL 85 Zip	Code
44 5	- 4	and 607 1509 Elorido Statutos	tha above	named co	orporation submits this statement for the purpo	se of changing its	s registered
office or re	egistered agent, or both, in the State of m familiar with, and accept the obligation	i Florida. Such change was autho	arized by	the corpora	ation's board of directors. I hereby accept the	appointment as re	∍gistered
SIGNATURE		LOW IV. B. M. WOTE. Rev		t sienskym roa	juired when reinstating) DA	TE	\
	Signature, typed or printed name of registered agent OFFICERS AND		13.	it signature req	ADDITIONS/CHANGES TO OFFICER		ORS IN 12
TITLE	D	☐ DELETE	1.1 TITLE			☐ Change	
NAME			1.2 NAME				
STREET ADDRESS	THE PROPERTY OF THE PARTY OF TH		1.3 STREE	TADORESS :			l
CITY-ST-ZIP	FORT LAUDERDALE FL 33306	. 200	1.4 CITY-S	T-ZIP			
TITLE			2.1 TITLE			Change	☐ Addition
NAME	_		2.2 NAME				ļ
STREET ADDRESS			2.3 STREE	T ADDRESS			ì
CITY-ST-ZIP			2. 4 CITY-5	ST-ZIP	and the second of the second o		
TITLE	D	☐ DELETE	3.1 TITLE			Change	Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREE	T ADDRESS			Ì
C/TY-ST-Z/P			3.4. CITY-ST-ZIP				
TITLE			4.1 TITLE			☐ Change	☐ Addition
NAME	SIMS, ROBERT S		4. 2 NAME				
STREET ADDRESS			4.3 STREE	TADORESS			
CITY-ST-ZIP	FORT LAUDERDALE FL 33306 44		4.4 CITY-S	T-ZIP		pre 4.	
TITLE	– I		5.1 TITLE			[]] Change	Addition
NAME	RAYMOND, RONALD A		5.2 NAME				j
STREET ADDRESS	3201 N FEDERAL RIGHTAN STE 200			T ADDRESS			
CITY-ST-ZIP_	TONI DAUDENDALE 1 E 33300		5.4 CITY-S	T-ZIP	-		(m) p
TITLE	<u> </u>		6.1 TITLE			☐ Change	Addition
NAME :			6.2 NAME	ĺ			

14. I 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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-\$T-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP