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May 06 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 # P96000006127 (0)

1. Corporation Name
ADVANCED SYSTEMS AFFILIATES, INC.



Principal Place of Business

6001 G PILGRIMS PATHWAY
TAMPA FL 33611

Mailing Address

5001 G PILGRIMS PATHWAY
TAMPA FL 33611

3. Date Incorporated or Qualified

01/17/1996

3a. Date of Last Report

2. Principal Place of Business

21 1101 KINGFISH PLACE
Suite, Apt. #, etc.

2a. Mailing Address

26 1101 KINGFISH PLACE
Suite, Apt. #, etc.

22 City & State

23 APOLLO BEACH, FL
Zip Country

24 33572

25 HILLSB.

27 City & State

28 APOLLO BEACH, FL
Zip Country

29 33572

30 HILLSB.

4. FEI Number

65-0638536

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

PACIFICO, MICHAEL J
5001 G PILGRIMS PATHWAY
TAMPA FL 33611

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 1101 KINGFISH PLACE

84 City

APOLLO BEACH

FL

85 Zip Code

33572

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

Michael J. Pacifico

(NOTE: Registered Agent signature required when reinstating)

4/10/97

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE PRESIDENT
NAME MICHAEL PACIFICO
STREET ADDRESS 1101 KINGFISH PL
CITY-ST-ZIP APOLLO BEACH, FL 33572

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

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CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

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☐ Change ☐ Addition

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:

Michael J. Pacifico

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 4/10/97 813-641-1200

0523623

CR2E034 (9/96)