

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

FILED  
Apr 28 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **996000018775**

1. Corporation Name  
**ASTL, INC**

Principal Place of Business <b>7090 Placida Rd. Cape Haze, Fl. 33946</b>	Mailing Address <b>7090 Placida Rd. Cape Haze, Fl. 33946</b>
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2. Principal Place of Business 21 <b>7090 Placida Rd.</b> Suite, Apt. #, etc.	2a. Mailing Address 26 <b>7090 Placida Rd.</b> Suite, Apt. #, etc.
22 City & State 23 <b>Cape Haze, Fl.</b> Zip	27 City & State 28 <b>Cape Haze, Fl.</b> Zip
24 <b>33946</b>	25 <b>USA</b>
29 <b>33946</b>	30 <b>USA</b>

3. Date Incorporated or Qualified <b>2/29/96</b>	3a. Date of Last Report <b>2/29/96</b>
4. FEI Number <b>65-0656512</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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

**Timothy S. Shaw  
c/o Kirk Pinkerton  
720 South Orange Ave.  
Sarasota, Fl. 34236**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>President/Treasurer</b>	<input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>Maurice A. Sween</b>		12 NAME	
STREET ADDRESS <b>1644 Jose Gaspar Dr.</b>		13 STREET ADDRESS	
CITY-ST-ZIP <b>Boca Grande FL 33921</b>		14 CITY-ST-ZIP	
TITLE <b>Vice President/Secretary</b>	<input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>Wade Terry Lynch</b>		22 NAME	
STREET ADDRESS <b>5000 GASPARILLA Dr.</b>		23 STREET ADDRESS	
CITY-ST-ZIP <b>Boca Grande FL 33921</b>		24 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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 in an attachment with an address.

SIGNATURE:  \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**900002160409**  
**-04/30/97--01038--046**  
**\*\*\*173.75**

CR2E034 (9/96)