

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

FILED

Apr 17 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 # P96000049515 (5)			
1. Corporation Name A-SYSTEMS, COMPANY			
Principal Place of Business 7901 BAYMEADOWS CIR. E., UNIT 528 JACKSONVILLE FL 32256		Mailing Address 7901 BAYMEADOWS CIR. E., UNIT 528 JACKSONVILLE FL 32256-7689	
2. Principal Place of Business 21 5991 CHESTER AVE. Suite, Apt. #, etc. 22 101 City & State 23 JACKSONVILLE, FL Zip Country 24 32256 25 U.S.		2a. Mailing Address 26 7901 BAYMEADOWS CIR. E Suite, Apt. #, etc. 27 511 City & State 28 JACKSONVILLE, FL Zip Country 29 32256 30 U.S.	
9. Name and Address of Current Registered Agent IMAM, S. AWAIS 7901 BAYMEADOWS CIR. E., UNIT 528 JACKSONVILLE FL 32256		10. Name and Address of New Registered Agent 81 Name IMAM, S. AWAIS 82 Street Address (P.O. Box Number is Not Acceptable) 7901 BAYMEADOWS CIR. E 83 UNIT # 511 84 City JACKSONVILLE FL 85 Zip Code 32256	
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 S. Awais Imam DATE 4/1/97 (NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D <input type="checkbox"/> DELETE NAME IMAM, S. AWAIS STREET ADDRESS 7901 BAYMEADOWS CIR. E., UNIT 528 CITY-ST-ZIP JACKSONVILLE FL 32256		1.1 TITLE PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS UNIT # 511 1.4 CITY-ST-ZIP	
TITLE D <input checked="" type="checkbox"/> DELETE NAME IMAM, S. HASSAN STREET ADDRESS 410 RYAN RD. CITY-ST-ZIP CARY NC 27511		2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 189 CATAR POST RD. 2.4 CITY-ST-ZIP CARY, NC 27513	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 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 on an attachment with an address. SIGNATURE: S. Awais Imam (S. AWAIS IMAM) DATE 4/1/97 DAYTIME PHONE # (904)636-8700 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			



CR2E034 (9/96)