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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

DOCUMENT #

100

Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 P96000049515 (5) A-SYSTEMS, COMPANY Principal Place of Business Mailing Address 5991 CHESTER AVE. 7901 BAYMEADOWS CIR E. JACKSONVILLE FL 98295 IIS 32217 DO NOT WRITE IN THIS SPACE JACKSONVILLE FL 32256 3. Date Incorporated or Qualified 06/11/1996 2. Principal Place of Business 2a. Mailing Address Applied For FEI Number

21]26]			29-3369093	Not Applicable
S 22	uite, Apt. #, etc.	Suite, Apt. #	, etc.		5. Certificate of Status Desired	8.75 Additional Fee Required
7 23	ity & State	City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Z 24	Country 25	7ip 29	Countr 30	ry	This corporation owes or has paid the current Personal Property Tax due June 30.	
	9. Name and Address of Cu	rrent Registered Agent			10. Name and Address of New Registered Age	nt
	IMAM, S. AWAIS 7901 BAYMEADOWS CIR. E., UNIT-528 UNIT 511				Name	
					Street Address (P.O. Box Number is Not Acceptable)	
	JACKSONVILLE FL 32256		8:	3		
			84	4	City E1 8	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

agont. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.									
SIGNATURE			M, PRECIDENT 7/17/58 required when reinstating) DATE						
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12						
TITLE	P DELETE	1.1 TITLE	Change Addition						
NAME	IMAM, S. AWAIS	1.2 NAME							
STREET ADDRESS	7901 BAYMEADOWS CIR. E., UNIT 511	1.3 STREET ADDRESS	·						
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP							
TITLE	DELETE	2.1 TITLE	Change Addition						
NAME		2.2 NAME							
STREET ADDRESS		2.3 STREET ADDRESS	₩						
CITY-ST-ZIP		2 4 CITY-ST-ZIP	<u> </u>						
TITLE	DELETE	3.1 TITLE	☐ Change ☐ Addition						
NAME		3.2 NAME							
STREET ADDRESS		3.3 STREET ADDRESS							
CITY-ST-ZIP		3.4. CITY-ST-ZIP							
TITLE	☐ DELETE	4.1 TITLE	Change Addition						
NAME		4. 2 NAME							
STREET ADDRESS		4.3 STREET ADORESS							
CITY-ST-ZIP		4 4 CITY - ST - ZIP							
TITLE	DELETE	51 TITLE	☐ Change ☐ Addition						
NAME		5.2 NAME							
STREET ADDRESS		5.3 STREET ADDRESS							
CITY-ST-ZIP		5.4 CITY-ST-ZIP							
TITLE	DELETE	6.1 TITLE	☐ Change ☐ Addition						
NAME		6.2 NAME							
STREET ADDRESS		6.3 STREET ADDRESS							
			l l						

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.

(5. AWALS IMAM, PRESIDEN) 7/17/9/ (904)636-8700 (Asseria)

FILED

Feb 27 1998 8:00am