

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

FILED

**May 14 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 # P96000065988 (3)

1. Corporation Name
ADVANCED SYSTEMS INTEGRATORS, INC.



Principal Place of Business
**845 CUMBERLAND TER
DAVIE FL 33317**

Mailing Address
**845 CUMBERLAND TER
DAVIE FL 33325-1238**

3. Date Incorporated or Qualified **08/02/1996** 3a. Date of Last Report

2. Principal Place of Business
21 **800 N. Victoria Park Rd.** 2a. Mailing Address
26 **800 N. Victoria Park Rd.**
Suite, Apt. #, etc. Suite, Apt. #, etc.

4. FEI Number **65-0687325** Applied For
Not Applicable

22 City & State
23 **Ft. Lauderdale, FL.** 27 City & State
28 **Ft. Lauderdale, FL.**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

24 **33304** 25 **USA** 29 **33304** 30 **USA**

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

10. Name and Address of New Registered Agent

**GONZALEZ, EDUARDO
845 CUMBERLAND TER
DAVIE FL 33317**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 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 *[Signature]* **Secretary/Treasurer** **April 26, 1997**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		
TITLE	DP	<input type="checkbox"/> DELETE
NAME	ALBERT, DAVID	
STREET ADDRESS	845 CUMBERLAND TER	
CITY-ST-ZIP	DAVIE FL 33317	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	RODELY, ROBERT	
STREET ADDRESS	845 CUMBERLAND TER	
CITY-ST-ZIP	DAVIE FL 33317	
TITLE	DST	<input type="checkbox"/> DELETE
NAME	HENNEMAN, MATTHEW	
STREET ADDRESS	845 CUMBERLAND TER	
CITY-ST-ZIP	DAVIE FL 33317	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 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		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 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		
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: *[Signature]* **Matthew D Henneman** **4/26/97** (PH) 577-1127

CR2E034 (9/96)