

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

FILED  
Jun 16 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000082790 (2)

1. Corporation Name  
AUTOMATED SYSTEMS GROUP SERVICE, INC.

Principal Place of Business  
1880 OLD OKEECHOBEE RD., STE. 203  
WEST PALM BEACH FL 33409

Mailing Address  
1880 OLD OKEECHOBEE RD., STE. 203  
WEST PALM BEACH FL 33409-5223



3. Date Incorporated or Qualified  
10/01/1996

3a. Date of Last Report

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
23. Zip	28. Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
24. Country	29. Country		

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MACDONALD, BARRY J  
1880 OLD OKEECHOBEE RD., STE. 203  
WEST PALM BEACH FL 33409

81. Name	<i>Barry J MacDonald</i>
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	West Palm Beach FL
84. Zip Code	33409

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 *Barry J MacDonald* DATE *6/5/97*

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<i>President</i>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Stephen F. Vize</i>	1.2 NAME	
STREET ADDRESS	<i>2819 Hollywood Blvd Unit 1B</i>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<i>Hollywood FL 33020</i>	1.4 CITY-ST-ZIP	
TITLE	<i>Vice President</i>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Richard M. Richter</i>	2.2 NAME	
STREET ADDRESS	<i>4882 Pine Cone Lane</i>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<i>West Palm Beach FL 33417</i>	2.4 CITY-ST-ZIP	
TITLE	<i>Sec/Treas.</i>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>BARRY J MACDONALD</i>	3.2 NAME	
STREET ADDRESS	<i>1975 Richard Ln</i>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<i>W. Palm Beach FL 33406</i>	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *Barry J MacDonald* DATE: *6/5/97* 561 683 5566

CR2E034 (9/96)