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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 000029903

Associates International, Inc.

Principal Place of Business

2. Principal Place of Business 3609

Suite, Apt. #. etc.

TAMPA

City & State

3609 FLOYD Road

Country

TAMPA FL 33618

2a. Mailing Address

City & State

3609

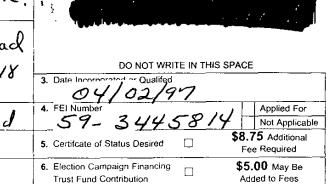
TAMPA

3609 Floyd Road

TAMPA FC 33618

May 10, 1999 8:00 am Secretary of State

05-10-1999 90227 040 ***150.00



8. This corporation owes the current year Intangible

USA Personal Property Tax. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Thiemann TAMPA

Country

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 r agent. I a	egistered agent, or both, in the State of Florida. Such change was au m familiar with, and accept the obligations of, Section 607.0505, Flori	thorized by the corp. da Statutes.	oration's board of directors. Thereby accept the ap-	pointment as reg	istered 4
SIGNATURE	Ross A. Fleischmann 7	Russh	deschma	04/26/	99
SIGNATURE		Registered Agent signature i	required when reinstatings DATE		
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS		
TITLE	V □ DELETE	1,1 TITLE	P_{a} D_{a}	Change	Addition
NAME	JACK A. McLeod	12 NAME	JACK A. MCLEON	`	
STREET ADDRESS	4713 CAUGHLIN PKWY	13 STREET ADDRESS			
CITY-ST-ZIP	RENO NV 89509	1 4 CITY-ST-ZIP	Reno NV 89509		
TITLE	C Ĉ D □ DELETE	2.1 TITLE	US TD	Change	Addition
NAME	Ross A- Fleischmann 3609 Floyd Road	2.2 NAME	ROSS A. FLEISCHMANN		
STREET ADDRESS	3609 FLOYD Road	2.3 STREET ADDRESS	3609 FLOYD Road		
CITY-ST-ZIP	TAMPA FC 33668	2. 4 CITY-ST-ZIP	TAMPA FC 33618		
TITLE	P, D DELETE	3.1 TITLE		Change	☐ Addition
NAME	Guy Lapine , ,	32 NAME			
STREET ADDRESS	Guy Lafine 1407 Bon Aventure Ds	3 3 STREET ADDRESS			
CITY-ST-ZIP	TAMAA FL 33607	3 4. CITY-ST-ZIP			
TITLE	DELETE	4,1 TITLE		Change	☐ Addition
NAME	HENRY R. THIEMANN 1377 TREETOP DRIVE	4 2 NAME			
STREET ADDRESS	1377 TREETON WILL	4.3 STREET ADDRESS			
CITY-ST-ZIP	PACM NARBOR FC	4.4 CITY+ST+ZIP		<u> </u>	
TITLE	n ¬r	51 TITLE		Change	☐ Addition
NAME	TERRY L. KORS	52 NAME			
STREET ADDRESS	TERRY L. KORS DRIVE	53 STREET ADDRESS			
CITY-ST-ZIP	TAMPA FC 33618	54 CITY-ST-ZIP			
TITLE	☐ DELETE	61 TITLE		Change	☐ Addition
NAME		62 N' - ===			
STREET ADDRESS		63 STREET ADDRESS			

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, with all other like empowered.

64 CITY-ST-ZIP