

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

**FILED**  
**Mar 27 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P97000055190 (7)**  
 1. Corporation Name  
**AUTOMATED SYSTEMS OF FLORIDA, INC.**



Principal Place of Business <b>2285 E HIGHWAY 100, SUITE 101          BUNNELL FL 32110</b>	Mailing Address <b>2285 E HIGHWAY 100, SUITE 101          BUNNELL FL 32110</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 <b>19 WOODSHIRE LN</b>	26 <b>PO Box 579</b>			<b>06/24/1997</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
				<b>59-3454035</b>	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>	
<b>PALM COAST FL</b>		<b>BUNNELL FL</b>		<b>\$8.75 Additional Fee Required</b>	
24 Zip		29 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
<b>32164</b>		<b>32110</b>		<b>\$5.00 May Be Added to Fees</b>	
25 Country		30 Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>USA</b>		<b>USA</b>			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>LE TELLIER, JOHN J, PRESIDENT</b>				81 Name			
<b>2285 E HIGHWAY 100, SUITE 101</b>				82 Street Address (P.O. Box Number is Not Acceptable)			
<b>BUNNELL FL 32110</b>				83			
<b>19 WOODSHIRE LN</b>				84 City			
<b>PALM COAST FL 32164</b>				<b>FL</b>			
				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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	<b>D</b>	<input type="checkbox"/> DELETE	1.1 TITLE	<b>MPS</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LE TELLIER, JOHN J</b>		1.2 NAME		
STREET ADDRESS	<b>19 WOODSHIRE LANE</b>		1.3 STREET ADDRESS		
CITY-ST-ZIP	<b>PALM COAST FL 32164</b>		1.4 CITY-ST-ZIP		
TITLE	<b>D</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<b>COVT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CAPP, VICKY</b>		2.2 NAME		
STREET ADDRESS	<b>19 WOODSHIRE LANE</b>		2.3 STREET ADDRESS		
CITY-ST-ZIP	<b>PALM COAST FL 32164</b>		2.4 CITY-ST-ZIP		
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RAVIN, MICHAEL</b>		3.2 NAME		
STREET ADDRESS	<b>P O BOX 809 N/A</b>		3.3 STREET ADDRESS		
CITY-ST-ZIP	<b>FLGLER BEACH FL 32138</b>		3.4 CITY-ST-ZIP		
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RAVIN, JOYCE B</b>		4.2 NAME		
STREET ADDRESS	<b>P O BOX 809 N/A</b>		4.3 STREET ADDRESS		
CITY-ST-ZIP	<b>FLGLER BEACH FL 32138</b>		4.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	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		<input type="checkbox"/> DELETE	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 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.

CP2E034 (10/97)

*John J. Le Tellier, President*