**FILED** FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 Apr 21 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham **ANNUAL REPORT** Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT #
1. Corporation Name P97000075721 ASF MANAGEMENT, INC. Mailing Address Principal Place of Business 418 WAYFARER COURT 418 WAYFARER COURT TARPON SPRINGS FL 34689 TARPON SPRINGS FL 34689 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/29/1997 2. Principal Place of Business 2a. Mailing Address Applied For Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Zip Country Country 8. This corporation owes or has paid the current year Intangible Yes □ No 30 Personal Property Tax due June 30. 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name FJELDBERG, SVEIN O 418 WAYFARER COURT Street Address (P.O. Box Number is Not Acceptable) 82 TARPON SPRINGS FL 34689 83 Zip Code 84 85 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 ered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. Change DELETE Addition 1.1 TITLE TITLE FJELDBERG, SVEIN O 1.2 NAME NAME **418 WAYFARER COURT** 1.3 STREET ADDRESS STREET ADORESS TARPON SPRINGS FL 34689 CITY - ST- ZIP 1.4 CITY-ST-ZIP Change ... Addition DELETE **STVP** 2.1 TITLE TITLE FJELDBERG, ARNIE D NAME **418 WAYFARER COURT** 2.3 STHEET ADDRESS STREET ADDRESS TARPON SPRINGS FL 34689 CITY-ST-ZIP 2.4 CITY - ST - ZIP Change Addition DELETE TITLE 3.1 TITLE NAME FJELDBERG, ARNIE D 3.2 NAMI 418 WAYFARER COURT STREET ADDRESS 3.3 STREET ADDRESS TARPON SPRINGS FL 34689 CiTY-ST-ZIP 3.4. CITY-ST-ZIP Change DELETE Addition 4.1 TITLE TITLE NAME 4. 2 NAMI 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-S1-ZIP CITY-ST-ZIP DELFTE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST- ZIP CITY-ST-ZIP Change Addition DELETE 6.1 TOLE TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS

6.4 CITY - \$1 - ZIP

14. Thereby 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

CITY-ST-ZIP

Block 12 or Block 13 if changed, or on an attachment with an address.