


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

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Jul 27, 1999 8:00 am
Secretary of State

07-27-1999 90025 048 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **P97000094831**

1. Corporation Name
ASI FACTORING CORPORATION



Principal Place of Business
**1 INDEPENDENT DR.
 JACKSONVILLE FL 32202**

Mailing Address
**C/O CORP TAX DEPT
 177 CROSSWAYS PARK DR
 WOODBURY NY 11797
 US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip Country
24 **25**

2a. Mailing Address
26 *1 INDEPENDENT DR.*
 Suite, Apt. #, etc.
27 City & State
28 *JACKSONVILLE, FL.*
 Zip Country
29 *32202* **30**

3. Date Incorporated or Qualified
11/05/1997

4. FEI Number
59-3478179 Applied For
 Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent
**CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301-2525**

10. Name and Address of New Registered Agent

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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D/corp	<input type="checkbox"/> DELETE
NAME	DEWAN, DEREK E	
STREET ADDRESS	1 INDEPENDENT DR.	
CITY-ST-ZIP	JACKSONVILLE FL 32202	
TITLE	D/vp	<input type="checkbox"/> DELETE
NAME	ABNEY, MICHAEL D	
STREET ADDRESS	1 INDEPENDENT DR.	
CITY-ST-ZIP	JACKSONVILLE FL 32202	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	CALABRO, ROBERT	
STREET ADDRESS	177 CROSSWAYS PARK DR	
CITY-ST-ZIP	WOODBURY NY 11797	
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	DIRECTOR/SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	MARC M. MAYO	
1.3 STREET ADDRESS	1 INDEPENDENT DR.	
1.4 CITY-ST-ZIP	JACKSONVILLE, FL. 32202	
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 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.

SIGNATURE: *Marc Mayo* **SIGNATURE REQUIRED** 7-8-99 904-360-2704
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)



One Independent Drive · Jacksonville, Florida 32202-5060
Telephone: 904-360-2000 · Facsimile: 904-360-2814
www.modispro.com

596611-90025-48
797000094831



July 8, 1999

Re: Profit Corporation Annual Report – ASI Factoring Corp.

Florida Department of State
Katherine Harris - Secretary of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Ms. Harris:

We are requesting an abatement of the \$400 penalty prescribed in the Profit Corporation Annual Report Packet. The notification of any due funds was received too late to facilitate timely filing. The delay in receiving the notification was caused by the consolidation of functions into our corporate headquarters in Jacksonville. We are submitting the required annual fee of \$150 with the annual report.

Please send any additional requests to my attention at 1 Independent Drive, Jacksonville, FL 32202 and call me with any questions at 904-360-2704.

Thank you for your consideration on the abatement of the penalty.

Sincerely,


Gerald Robinson
Tax Director