FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

PLACE

1996

1. Corporation Name

(1)

ASTE, INC.

DOCUMENT #

3431 WORSHAM PLACE	3431 WORSHAM				
rincipal Place of Business	Mailing Address				



TITUSVILLE FL 32780		TITUSVI	TITUSVILLE FL 32780									
						11/19/1990			te of Last Report 06/27/1995			
	ace of Business	2a. Mailing A	Address				4. FEI Numb				Applied For	
Suite, Apt.	# ote	26					59	-3037944			Not Applicable	
22		Suite, Λ;	Suite, Apt. #. etc.			5. Certificate	of Status Desired			75 Additional se Required		
Crty & State		City & St	City & State			- · · · · · · · · · · · · · · · · · · ·	į.	Campaign Financing d Contribution		\$5.00 May Be Added to Fees		
Zip	Country	Zφ		Country	y		8. This corpo	oration has liability for	intangible ta			
24	25	29		30			Florida Statutes 🔲 Yes 🔲 No					
	9. Name and Address of Curre	nt Registered Age	ent				10. Name an	d Address of New F	Registered	Agent		
	41 FOCA -			81	N	Vante						
	LL, FRED E.			82	s	Street Addre	ess (P.O. Box Nu	mber is Not Acceptat	ole)			
3431 WORSHAM PLACE TITUSVILLE FL 32780				83	<u> </u>							
				84	c	Sity		···		85	Zip Code	
11. Pursuant tr	o the provisions of Sactions 607.00.0	0 and 602 1500 F.		<u> </u>	J				FL	1 1		
or registere familiar with	o the provisions of Sections 607.050; ed agent or both, in the State of Flor h, and accept the obligations of Sec	z and 607, 1508, Fid .da. Such change w Iron 607,0505, Flori	orida Statutes, vas authorized ida Statutes	the above i by the corp	nam oral	ied corpora Fon's board	ition submits this If of directors, I h	statement for the pure ereby accept the app	pose of cha ointment as	nging it register	ts registered office ed agent. Lam	
SIGNATURE _	Signature hypert or point of name of regulations ages	t an et told ut ag pår ag v		Figurity of Aug		ndian di materiale	when tenut (trag)		DATE			
12.	OFFICERS AN	ID DIRECTORS		13.				S/CHANGES TO OFF		DIBLE	TORS INLES	
T:TLE	DS		DELETE	1 TITLE						1 Chano		
NAME	HOWELL, MARY K.			1.2 NAME					_	1 0.10.18	- La ricelle	
STREET ADDRESS	3431 WORSHAM PLACE			13 STREET	A00	IRESS						
CITY - ST - ZIP	TITUSVILLE FL			14 GPY S								
THILE	DP		DELETE	2 1 TULE					- N	Charig	e Additron	
NAME	HOWELL, FRED R			2.2 NAME		H	LOWELL.	FRED E.	¥	J. J. J. J.	. L. Noanton	
STREET ADDRESS	3431 WORSHAM PLACE			2.3 STREET	ADD		,					
CITY - S1 - ZIP	TITUSVILLE FL			24 CITY - S	1 - 21F	P						
TITLE		[](DELETE	3 1 TITLE] Changi	e 🗍 Addition	
NAME				3.2 NAME					_	,	·	
STREET ADDRESS				33 STREET	ADD	ORESS						
CITY+ST-7;P				3.4 C+1Y - S	T - ZIF							
TITLE			DELETE.	4 I Tille F					Ţ.	Change	e	
NAME				4.2 NAME		Ì			•			
STREET ADDRESS				4.3 STREET	ADDR	RESS					i	
CITY - S1 - 2IP				4.4 CITY - ST	1 - 712	,						
TITLE			DELETE	5 1 TITLE					Г	Change	Addition	
NAME				5.2 NAME					_	2		
STREET ADDRESS				5 3 STREET	ADDE	PESS						
CHTY - ST - ZIP				5.4 CITY - S	l - ZiP							
TITLE			DELETE	6 1 TITLE						Change	Addition	
NAME				6.2 NAME					-			
STREET ADDRESS				63 STREET.	ADDA	RESS					İ	
CITY - ST - ZIP				6.4 C-TY-S1	ZIP							
14. I do hereby	certify that the information supplied v	aith tias filma is val.	intarily forgiche	vi and done								

I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

IGNATURE:

| Comparison of the receiver of trusted 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.

| GNATURE: | Comparison of the receiver of trusted 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.

| GNATURE: | Comparison of the receiver of the receiver of trusted 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.

| GNATURE: | Comparison of the receiver of the receiver of trusted in Section 119.07(3)(k), Florida Statutes. I further certified
SIGNATURE: