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

PROFIT CORPORATION ANNUAL REPORT

1998

BECK, MICHAEL M 123 LAKESHORE DR

N PALM BEACH FL 33408

PH 44



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(2)

ADVANCED SERVICE TECHNOLOGIES, INC.

Principal Place of Business	Mailing Address	אי וופוס הפגם ויפום ונסוס וואוס וופוס וגפו פנגבו פווסו פופום נוסור פוו פגפווספו ו
123 LAKESHORE DR PH 44 N PALM BEACH FL 33408-3614	123 LAKESHORE DR PH 44 N PALM BEACH FL 33408-3614	DO NOT WRITE IN THIS SPACE
		3. Date Incorporated or Qualified 01/15/1991
Principal Place of Business	2a. Mailing Address	- 4. FEI Number Applied F
21	26	65-0233855 Not Applie
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired See Required Fee Required
City & State City & State		6. Election Campaign Financing \$5.00 May B Trust Fund Contribution Added to Fees
Zip Country 25	Zip Country 29 30	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No.
	Current Registered Agent	10. Name and Address of New Registered Agent

84 City 11. Pursuant to the provisions of Sections 607,0502 and 607,7908, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered

82

83

Name

Street Address (P.O. Box Number is Not Acceptable)

onice or re agent. I jar	egistered agent, or coin, withe State of I in familia, with, and accept the obligation	-iorida/ such change was auti ns of/ Section 607.0505, Floric	norized by the corp la Statutes.	oration's board of directors. I hereby	accept the appointment as	registerea	l	
SIGNATURE	What mes	to Mich	upphm.	BEEK_	1-8-98		1	
Signal ye typed or printed fame of fegistered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) DATE								
12.	OFFICERS AND D		13.	ADDITIONS/CHANGES TO	OFFICERS AND DIRECTOR		160	
TITLE	₽D	L. DELETE	1.1 TITLE		L_ Change	Addition	۳	
NAME	BECK, MICHAEL	·	1.2 NAME				25	
STREET ADDRESS	123 LAKESHORE DR PH 44		1.3 STREET ADDRESS				CR2E034	
CITY-ST-ZIP	N PALM BEACH FL		1.4 CITY - ST - ZIP				絽	
TITLE	SD	DELETE	2.1 TITLE		Change	Addition	O	
NAME	BECK, HARRYETTE		2,2 NAME					
STREET ADDRESS	123 LAKESHORE DR PH 44		2.3 STREET ADDRESS			ł		
CITY-ST-ZIP	N PALM BEACH FL		2, 4 CITY-ST-ZIP					
TITLE	VD	DELETE	3.1 TITLE		☐ Change	Addition		
NAME	BECK, STEVEN		3.2 NAME			ĺ	ĺ	
STREET ADDRESS	7704 FORESTAY DR		3.3 STREET ADDRESS			ļ		
CITY-ST-ZIP	LAKEWORTH FL		3.4. CITY-ST-ZIP					
TITLE		DELETE	4.1 TITLE		☐ Change	Addition		
NAME			4. 2 NAME			f		

4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY - ST- ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE 6.2 NAME

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 truefee 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 atjachment with an address.

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME STREET ADDRESS

TITLE

NAME

DELETE

DELETE

Change

Change

FILED

Jan 23 1998 8:00am

Secretary of State

Applied For Not Applicable \$8.75 Additional Fee Required \$5.00 May Be Added to Fees

Addition

Addition