**PROFIT CORPORATION** ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # \$72884

(7)

ADMINISTRATIVE SUPPORT ASSOCIATES, INC.

Principal	Place of	f Business

Mailing Address

## **FILED** Apr 29 1997 8:00am Secretary of State



	1829 N. ST RD 7 3810 NW 25 STREET  AUDERHILL FL 33313 LAUDERDALE LAKES FL 33311-2628									
						3. Date Incorporated or Qualified 08/13/1991	3a. Dat 04/1	e of Last 8/1996	Report	
2. Principal Place of Business		2a. Mailing Address	2a. Mailing Address		4. FEI Number		17	Applied For	٦	
21		26	26		65-0346007		1	Not Applicable	, ]	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	<b>├</b>		5. Certificate of Status Desired		\$8.75 Additional Fee Required			
City & State		City & State	<b>├</b> ┐ ′		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees				
Zip 24	Country 25	7ip <b>29</b>	Zip Country			8. This corporation has liability for intangible tax under s. 199.032,				
<u> </u>	9. Name and Address of Current Registered Agent			Florida Statutes Yes No  10. Name and Address of New Registered Agent						-
MOH	HL, RONALD L., SR.	<u>-</u>	<del>-</del> -	81	Name			<b>3</b>		7
7837 WEST SAMPLE ROAD CORAL SPRINGS FL 33065			82	Street Add	address (P.O. Box Number is Not Acceptable)					
			83		<u>'</u>	<del></del>			4	
,				84	City			05 76	o Code	_
					•		FL	1 1 1		ı
11. Pursuant office or r	to the provisions of Sections 607.0 egistered agent, or both, in the Sta	502 and 607.1508, Florida State ate of Florida, Such change was	utes, the al	bove d by	named corpora	poration submits this statement for the p tion's board of directors. I hereby accep	urpose of	changing intment a	its registered	7
	m familiar with, and accept the obl	ligations of, Section 607.0505, F	Florida Stat	tutes						
SIGNATURE	Signature, typed or printed name of registered	agent and title if applicable (NC	DIE Begistere	d Ager	ni s onalute teo u	ted when reinstaling)	DATE			
12.		IND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC		DIRECTO	PRS IN 12	1
TITLE	P	☐ DELETE	1.1 ]	TLF				Change	Addition	~ S
NAME	DAVIS, JOHN		1.2 N	AME						3
STREET ADDRESS			1.3 ST	1.3 STREET ADDRESS						Š
CITY-ST-ZIP	LAUDERDALE LAKES FL VSD			11Y-S1	1-21P			_		_ [
TITLE	DAVIS, MARILYN			TLE			l	J Change	Addition	10
NAME	2010 MW 25 CT			2.2 NAME						
STREET ADDRESS	LAUDERDALE LAKES FL			2.3 STREET ADDRESS						1
CITY-ST-ZIP TITLE	2.4		2.40 3.1 Ti	HTY-S	T- ZIP			Change	Addition	4
NAME	DAME KELLY		3.1 H				Ļ	Griange	L Addition	
STREET ADDRESS	9910 NW OF ST				ADDDECC					
CITY-ST-ZIP	LAUDERDALE LAKES EL			1117-S	ADDRESS	•				
TITLE			4.110		1-211			Change	Addition	-
NAME			4.2 N	4.2 NAME		•	_	_		
STREET ADDRESS	s			4.3 STREET ADDRESS						ŀ
CITY-ST-ZIP				11Y-S1	- ZIP					
TITLE	DELETE			TILE			Change	Addition		
NAME			5.2 N	AME						
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP		Distress		TY-ST	- 7IP	***		<del></del>		1
TITLE	•	☐ DELETE	6.1 TI				l	Change	Addition	
NAME OXOCCT ADDRESS			6.2 N/							
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP				TY-S1	-ZIP					

I do 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 riame appears in Block 12 or Block 13 if changed, or on an attachment with an address.