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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **S99004** **(1)**

1. Corporation Name

AMERICAS SERVICE TECHNICIANS, INC.

Principal Place of Business	Mailing Address
6012 SW 38TH ST. APT 4 MIRAMAR FL 33023 US	6012 SW 38 ST STE 4 MIRAMAR FL 33023 US

3. Date Incorporated or Qualified: **12/09/1991**	3a. Date of Last Report: **07/05/1995**
4. FEI Number: **65-0301803**	☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No	

2. Principal Place of Business
21: 245 NW 135 Ave
22: Suite, Apt. #, etc.
23: PLANTATION, FL
24: Zip 33325 — 25: Country USA

2a. Mailing Address
26: PO BOX 959
27: Suite, Apt. #, etc.
28: BOCA RATON, FL
29: Zip 33429 — 30: Country USA

9. Name and Address of Current Registered Agent

INGLE, PATRICK O
6012 SW 38TH ST.
APT 4
MIRAMAR FL 33023

10. Name and Address of New Registered Agent

81: Name
82: Street Address (P.O. Box Number is Not Acceptable): 245 NW 135 AVE
83: P
84: City: PLANTATION — FL — 85: Zip Code: 33325

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: Patrick O Ingle — PATRICK O. INGLE — 5 FEB '96
Signature and typed or printed name of registered agent and title if applicable. (If the Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PT INGLE, PATRICK O 6012 SW 38TH ST, #4 MIRAMAR FL	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PT INGLE, PATRICK O. 245 NW 135 Ave PLANTATION, FL 33325
	☐ DELETE		☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	M SUM, CHING SHEUNG 1/F, 3. KIM SHIN LANE SHAMSHUIPO, KOWLOON HONG KONG	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	
	☐ DELETE		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	
	☐ DELETE		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	
	☐ DELETE		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	
	☐ DELETE		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	
	☐ DELETE		☐ Change ☐ Addition

CR2E034 (12/95)

14. 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 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.

SIGNATURE: Patrick O Ingle — PATRICK O. INGLE — 5 Feb '96 — 954-472-9163
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #