

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

**FILED**  
**Feb 19 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # S99004 (1)**  
 1. Corporation Name  
**AMERICAS SERVICE TECHNICIANS, INC.**



Principal Place of Business <b>245 NW 135TH AVENUE PLANTATION FL 33325 US</b>	Mailing Address <b>P.O. BOX 959 BOCA RATON FL 33429-0959 US</b>
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3. Date Incorporated or Qualified <b>12/09/1991</b>	3a. Date of Last Report <b>02/09/1996</b>
4. FEI Number <b>65-0301803</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 <b>3600 SOUTH STATE ROAD 7</b> Suite, Apt. #, etc. 22 <b>366</b> City & State 23 <b>MIRAMAR FL</b> Zip 24 <b>33023</b>	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 25 <b>USA</b> 30
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9. Name and Address of Current Registered Agent  
**INGLE, PATRICK O**  
**245 NW 135TH AVENUE**  
**PLANTATION FL 33325**

10. Name and Address of New Registered Agent  
 81 Name **PATRICK O. INGLE**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**3600 SOUTH STATE ROAD 7,**  
 83 **#366**  
 84 City **MIRAMAR** **FL** 85 Zip Code **33023**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE <b>PT</b>	<input type="checkbox"/> DELETE
NAME <b>INGLE, PATRICK O</b>	
STREET ADDRESS <b>245 NW 135TH AVENUE</b>	
CITY-ST-ZIP <b>PLANTATION FL</b>	
TITLE <b>M</b>	<input type="checkbox"/> DELETE
NAME <b>SUM, CHING SHEUNG</b>	
STREET ADDRESS <b>1/F, 3. KIM SHIN LANE</b>	
CITY-ST-ZIP <b>SHAMSHUIPO, KOWLOON HONG KONG</b>	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 <b>PT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME <b>INGLE, PATRICK O</b>	
1.3 STREET ADDRESS <b>3600 SOUTH STATE ROAD 7, #366</b>	
1.4 CITY-ST-ZIP <b>MIRAMAR, FL 33023</b>	
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 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 name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Patrick O Ingle* **2/13/97 (888) 282-7349**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CFR2E034 (9/96)