Mar 19, 1999 8:00 am Secretary of State

03-19-1999 90013 047 ***150.00

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

*PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

	1000				1 02 10 1000 00012 0	40 *****0 74	-
DOCUN 1. Corporation	MENT # \$99004				03-19-1999 90013 0	48 ******8./3	,
AMERICAS SERVICE TECHNICIANS, INC.							
7 11112111-01	,						
Dala da al Filada	-1 D	Mailing Address			-[10014810 (ib 10140 10141 0041 88141 0101 010	{{	
Principal Place		-	00 SOUTH STATE ROAD 7				
366	TATE ROAD 7	366 300 IN STATE HOAD	′				
MIRAMAR FL 33023		MIRAMAR FL 33023			DO NOT WRITE IN THIS SPACE		
US		US		3. Date Incorporated or Qualifed			
					12/09/1991		
2. Principal Place of Business		2a. Mailing Address		4. FEI Number		lied For	
Suite, Apt. #, etc.		Suite Apt # etc		65-0301803		Applicable	
22		Suite, Apt. #, etc.		· -	5. Certificate of Status Desired	\$8.75 Ad Fee Req	ŭired
City & State		City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
23 Zin	Country	Zip	Cou	ntry	Trust Fund Contribution		rees
Zip	25	⊢ '	30	·	This corporation owes the current year Personal Property Tax.		□No
24	9. Name and Address of Current		30		10. Name and Address of New Registere		
				81 Name			$\overline{}$
INGLE, PATRICK O				82 Street Addre	ess (P.O. Box Number is Not Acceptable)		
3600 SOUTH STATE ROAD 7				Street Addre	esa (1.0. Dox Number la Not Acceptació)		
#366				83			
MIRAMAR FL 33023				84 City		. 85 Zip Co	ode
				1	•	L	,
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statute	s, the a	oove-named corporation	oration submits this statement for the purpose on's board of directors. I hereby accept the app	of changing its re pointment as regi	egistered istered
agent. I a	m familiar with, and accept the obligation	ons of, Section 607.0505, Flori	ida Stat	ites.	and bound of directors, moreony descript and app		
SIGNATURE					d when reinstating) DATE		
12.	Signature, typed or printed name of registered agent OFFICERS AND		Registered	Agent signature required	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTOR	S IN 12
TITLE	PT	DELETE	1,1 TT	LE T	7.00171011010101010101010101010101010101	☐ Change	☐ Addition
NAME '	NO E PATRICK O		1.2 N	ME			ļ
STREET ADDRESS	ACCO CONTIL OTATE BOAD 7 MAGG		1.3 \$1	REET ADDRESS			
CITY-ST-ZIP	MIRAMAR FL		1.4 CI	ry-st-zip			
TITLE	M	☐ DELETE	2.1 TI	le .		Change	☐ Addition
NAME	SUM, CHING SHEUNG		2.2 N/	ME			1
STREET ADDRESS	1/F, 3. KIM SHIN LANE		2.3 S1	REET ADDRESS			ĺ
CrTY-ST-ZIP	SHAMSHUIPO, KOWLOON HON		2.4C	TY-ST-ZIP		*	
TITLE	• •	☐ DELETE	3.1 Ti	TE .	b a.	Change	☐ Addition
NAME			3.2 N	ME	•		
STREET ADDRESS				REET ADDRESS	, /		
CITY-ST-ZIP		DELETE	_	TY-ST-ZIP		☐ Change	Addition
TITLE				TE ~	`	[Change	[] Addition
NAME			4. 2 N			•	
STREET ADDRESS	,			REET ADDRESS			}
CITY-ST-ZIP TITLE		☐ DELETE	4.4 Cr	TY-ST-ZIP		Change	☐ Addition
NAME	• •		5.2 N/	- 1			_
STREET ADDRESS				REET ADDRESS			
CITY-ST-ZIP			5.4 CI	ry-st-ZIP	· •		
TITLE		☐ DELETE	6.1 TT	te T		Change	Addition
NAME			6.2 N	WE		•	

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 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, with all other like empowered.

6.4 CITY-ST-ZIP

6.3 STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

888-282-7349