

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

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Mar 14 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # V01347

(6)

1. Corporation Name

ASF ACQUISITION, INC.

Principal Place of Business

Mailing Address

C/O J. GARY MAY  
PO BOX 112  
WINTER HAVEN FL 33882  
US

P.O. BOX 112  
WINTER HAVEN FL 33882-0112  
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/31/1991		3a. Date of Last Report 03/26/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-3111262		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
ALEXANDER, M D III 101 6TH ST NW WINTER HAVEN FL 33882				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				FL 85 Zip Code			

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

Signature, typed or printed name of registered agent and title, if applicable

(Not for Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WICKMAN, JANET	1.2 NAME	
STREET ADDRESS	6028 SOURWOOD WAY	1.3 STREET ADDRESS	P O Box 265
CITY-ST-ZIP	BARTOW FL	1.4 CITY-ST-ZIP	Bartow, FL 33831 N/A
TITLE	DPT	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAY, JAMES GARY	2.2 NAME	
STREET ADDRESS	112	2.3 STREET ADDRESS	P O Box 112
CITY-ST-ZIP	WINTER HAVEN FL	2.4 CITY-ST-ZIP	Winter Haven, FL 33882
TITLE	AS	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALEXANDER, M D III	3.2 NAME	
STREET ADDRESS	PO BOX 189	3.3 STREET ADDRESS	101 6th St NW
CITY-ST-ZIP	WINTER HAVEN FL	3.4 CITY-ST-ZIP	Winter Haven, FL 33882
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(f), 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:

James Gary May

2-11-97

941-294-0993

CR2E034 (9/96)