

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **V02634** (6)

1. Corporation Name
ASQ, INC.



Principal Place of Business

**2413 BAYSHORE BLVD.
NO. 1402
TAMPA FL 33629
US**

Mailing Address

**PO BOX 18103
TAMPA FL 33629
US**

3. Date Incorporated or Qualified **12/27/1991** 3a. Date of Last Report **04/19/1995**

2. Principal Place of Business

2a. Mailing Address

21 **5115 N. SOLARUM LOOP RD.**

26 **P.O. Box 92614**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **#113**

27

City & State

City & State

23 **LAKE LAND, FL**

28 **LAKE LAND FL**

Zip

Country

Zip

Country

24 **33809**

25 **US**

29 **33804-2614**

30 **US**

4. FEI Number
59-3102950

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**YARBROUGH, ORIN S.
314 S MISSOURI
SUITE 310
CLEARWATER FL 34616**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE
NAME **LIFSITZ, FREDERICK A.**
STREET ADDRESS **238 EUREKA ST**
CITY-ST-ZIP **SFO CA**

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP **94114**

TITLE **D** ☐ DELETE
NAME **YARBROUGH, PAUL R.**
STREET ADDRESS **397 IMPERIAL WAY**
CITY-ST-ZIP **DALY CITY CA**

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME
2.3 STREET ADDRESS **Apt. # 139**
2.4 CITY-ST-ZIP **94015**

TITLE **D** ☐ DELETE
NAME **WILSON, ALEXANDER S.**
STREET ADDRESS **1280 SACRAMENTO ST**
CITY-ST-ZIP **SFO CA**

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP **94108**

TITLE **D** ☐ DELETE
NAME **YANG, GE-FANE**
STREET ADDRESS **644 EDMER**
CITY-ST-ZIP **PACIFIC CA**

4.1 TITLE ☒ Change ☒ Addition
4.2 NAME **GE-FANG**
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP **94044**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 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 registered agent empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if provided, or on an attachment with address.

SIGNATURE: **ALEXANDER S. WILSON**
VIRGINIA L. BUTTER 4-26-96 941 853 6977
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date Daytime Phone #

CR2E034 (12/95)