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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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	Mailing Address
~~5115 N GOERUM LOOP RD 2~~ ~~#118~~	P O BOX 82614
LAKELAND FL 33809	LAKELAND FL 33804-2614
US	US

3. Date Incorporated or Qualified	3a. Date of Last Report
12/27/1991	05/01/1996

2. Principal Place of Business	2a. Mailing Address
21 2742 NEVADA RD.	26 2742 NEVADA RD
Suite, Apt. #, etc 22 ~~LAKELAND FL~~	Suite, Apt. #, etc. 27 —
City & State 23 ~~33803~~ LAKELAND FL	City & State 28 LAKELAND FL
Zip / Country 24 33803 / 25 POLK	Zip / Country 29 33803 / 30 POLK

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	LIFSITZ, FREDERICK A.		1.2 NAME		
STREET ADDRESS	238 EUREKA ST		1.3 STREET ADDRESS		
CITY-ST-ZIP	SFO CA		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	YARBROUGH, PAUL R.		2.2 NAME		
STREET ADDRESS	397 IMPERIAL WAY APT 139		2.3 STREET ADDRESS		
CITY-ST-ZIP	DALY CITY CA		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	WILSON, ALEXANDER S.		3.2 NAME		
STREET ADDRESS	1280 SACRAMENTO ST		3.3 STREET ADDRESS		
CITY-ST-ZIP	SFO CA		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	YANG, GE-FANG		4.2 NAME		
STREET ADDRESS	644 EDGEMAR		4.3 STREET ADDRESS		
CITY-ST-ZIP	PACIFIC CA		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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: R Alexander S Wilson 3/4/97 941 686 6887
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone ▶
ALEXANDER S. WILSON