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FILED
Apr 21 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # V22264 (8)

1. Corporation Name
ASSOCIATED SYSTEMS SERVICES, INC.

Principal Place of Business	Mailing Address
4425 NW 52 ST COCONUT CREEK FL 33073	4425 NW 52 ST COCONUT CREEK FL 33073

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/18/1992

2. Principal Place of Business	2a. Mailing Address
21 2616 NE 13th AVE	26 2616 NE 13th AVE
22 Suite, Apt. #, etc. -	27 Suite, Apt. #, etc. -
23 City & State: Pompano Beach, FL	28 City & State: Pompano Beach, FL
24 Zip: 33064 25 Country: Broward	29 Zip: 33064 30 Country: Broward

4. FEI Number: 65-0321536 ☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BATEMAN, DEAN L. SR 4425 NW 52 ST COCONUT CREEK FL 33073	81 Name: Bateman, DEAN L. SR. 82 Street Address (P.O. Box Number is Not Acceptable): 2616 NE 13th AVE 83 - 84 City: Pompano BEACH 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 _____ Typed or printed name of registered agent, and if applicable, the officer (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DPT	☐ DELETE	1.1 TITLE	DPT	☑ Change ☐ Addition
NAME	BATEMAN, DEAN L. SR		1.2 NAME	BATEMAN, DEAN L.	
STREET ADDRESS	4425 NW 52 ST		1.3 STREET ADDRESS	2616 NE 13TH AVE	
CITY-ST-ZIP	COCONUT CREEK FL		1.4 CITY-ST-ZIP	Pompano Beach, FL 330	
TITLE	DVPS	☐ DELETE	2.1 TITLE	DVPS	☑ Change ☐ Addition
NAME	BATEMAN, JOANN S.		2.2 NAME	BATEMAN, JOANNS	
STREET ADDRESS	4425 NW 52 ST		2.3 STREET ADDRESS	1605 NE 16th AVE	
CITY-ST-ZIP	COCONUT CREEK FL		2.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33305	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			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 (10/97)

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.

SIGNATURE: Dean L. Bateman (954)563-8984