SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V26192

(7)

AȘTRUST, INC.

FILED
Oct 01 1998 8:00am
Secretary of State



9/24/98

ONI ALL LALLD

Principal Place of Business Mailing Address					
9951 ATLANTIC BLVD. JACKSONVILLE FL 32225 JACKSONVILLE FL 32225			1		
JACKSONVILLE FL 32225 JACKSONVILLE FL 32				DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified	
				04/02/1992	
2. Principal Place of Business 2a. Mailing Address				4. FEI Number	Applied For
21 38	W. 9th St	[26] 38 W 9th St		59-3123044	Not Applicable
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22 27				5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
	antic Beach, 7L	28 Htlantic	beach, FL	Trust Fund Contribution	Added to Fees
Zip タク	233 [25] Country	29 32233	Country	8. This corporation owes or has paid t	[] · [] ·
24 5 d	9. Name and Address of Current		30	Personal Property Tax due June 30	
GOE	RDON, JIMMY A.	Kegistered Agent	81 Name	10. Name and Address of New Regis	tered Agent
9951 ATLANTIC BLVD.				Richard Glemann	
JACKSONVILLE FL 32225			82 Street	Address (P.O. Box Number is Not Acceptable)	
83				38 W. 1711 31	
		•			
			84 City	Allantia Brade	FL 85 Zip Code
11. Pursuant to the provisions of sections 607.0562 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 lamillar with, and accept the policy policy policy policy policy.					
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \					
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NO	OTE: Registered Agent signatu	are required when reinstaling)	DATE
12.	OFFICERS AND	· · · · · · · · · · · · · · · · · · ·	13.	ADDITIONS/CHANGES TO OFFICE	
TITLE	D	DELETE	1.1 TITLE		Change Addition
NAME	GORDON, JIMMY A.		1.2 NAME		
STREET ADDRESS	9951 ATLANTIC BLVD.		1.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		1.4 CITY-ST-ZIP		
TITLE	V	DELETE	2.1 TITLE		Change Addition
NAME	MISURACA, VINCE		2.2 NAME		
STREET ADDRESS	9951 ATLANTIC BLVD		2.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		2.4 CITY-ST-ZIP		
TITLE		DELETE	3.1 TITLE	Principles Right Right Right Property Dr. 1500 Roberts Dr.	Change Addreon
NAME			3.2 NAME	Richard P. Glemann	/ \
STREET ADDRESS			3.3 STREET ADDRESS	1500 Roberts Dr.	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	Jacksonville Boh, FL	33 35 6
TITLE		L) 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		L DELETE	5.1 TITLE	والمراور وال	Change Addition
NAME			5.2 NAME	000002653	33 3U
STREET ADDRESS	:		5.3 STREET ADDRESS	-10/02/9801008	:UU (
CITY-ST-ZIP TITLE			5.4 CITY-ST-ZIP	***150.00	
		DELETE	6.1 TITLE		ChangeAddition
NAME .			6.2 NAME		γν ,
STREET ADDRESS			6.3 STREET ADDRESS		1.87
14. I hereby ce	artify that the information supplied with the	nic filing door not comific for the	6.4 CITY-ST-ZIP	section 119.07(3)(i), Florida Statutes, I further co	
indicated o	on this annual report or supplemental are or director of the corporation or the rece	nnual report is true and accur siver or trustee empowered to	io exemption stated in ate and that my signa execute this report a	i section (19.07(3)(i), Florida Statutes, I further ci iture shall have the same legal effect as if made s required by Chapter 607. Florida Statutes: and	eruiy that the information under oa th; that I am I that my n ame appears
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 attacyment with an address.					



September 17, 1998

Astrust Inc. 38 W. 9th Street Atlantic Beach, FL 32233

Sandra B. Mortham Secretary of State Florida Department of State Divisions of Corporations Annual Reports Filings P.O. Box 6327 Tallahassee, FL 32302

Dear Ms. Mortham,

Pursuant to my conversation with Linda at your local office, I explained to her that during this past year we have moved our offices from Jacksonville, FL to Atlantic Beach, FL. Unfortunately all of our mail was not forwarded in a timely manner. Our bookkeeper left for a couple of months and as far as we can determine we never received our annual report.

We have enclosed a check at this time in the amount of \$150.00 for the Corporate filing of Astrust Inc. II for 1998. Thank you for your understanding in this matter.

Sincerely.

Richard P. Glemann, CPA

Controller