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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V35102

(5)

Principal Place of Business 342 WOODLAKE WYNOE

Mailing Address

P.O. BOX 570067

ASSOCIATED CONSULTING TECHNICIANS, INC.

FILED

Apr 09 1997 8:00am

Secretary of State

OLDSMAR FL 3 US	34677	MIAMI FL 33257-0067					
05					3. Date Incorporated or Qualified 05/11/1992	3a. Date of Last F 05/01/1996	Report
	ace of Business	2a. Mailing Address			4. FEI Number	A	oplied For
Suite, Apt #, etc Dynde.		Suite, Apt. #, etc. 27		59-3126944		ot Applicable	
				5. Certificate of Status Desired	V	Additional equired	
City & State 23 O) d ち		Cily & State			Election Campaign Financing Trust Fund Contribution		May Be to Fees
Zipi	Country	Zip	Country	1	8. This corporation has liability for it	. / · —	. 1 9 9.032,
24 34 W	17 25 US	29	30			Yes ∐ No	
	9. Name and Address of Current VRY, PALLIE WAINSCOTT	Registered Agent	61	Name	10. Name and Address of New Re	gistered Agent	
9020 MIA	0 9.W. 1987H TER. MI-FL-93189 To the provisions of Sections 607 0502.	and 607, 1508, Florida Statu	83 84 Ites, the abov	City	ress (P.O. Box Number is Not Acceptable 1997) poretion submits this statement for the p	FL 85 Zip	Code 315 1 ts registered
SIGNATURE	Signature typed or peritied name of registered agent	erid tiffe ijagulicatife (NO	MUSTS TE: Registered Apr	2	tion's board of directors. I hereby acception is board of directors. I hereby acception is a constant of the c	4/1/97 DATE	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFIC		
TITLE	VD	DELETE	1.1 TITLE		. 7	☐ Change	Addition
NAME	LOWRY, PALLIE WAINSCOTT	~ .~ ~	1.2 NAME	200	nuglas Peterson 621 April Rd		
STREET ADDRESS	342 WOODLAKE WYNOE	Suga	1.3 STREET	ADDRESS Q	PAI ADIST I TO		
CiTY+S1+ZiP	OLDSMAR FL	Dougra	1.4 CITY - S	IT-ZIP	<u>niami FL 3315</u>	T 05	4.4400
Trile#	•	DELETE	21 TITLE			Change	Addition
NAME	LOWRY, VICTOR	م.د. م	2.2 NAME				
STREET ADDRESS	342 WOODLAKE WYNOE: V	yn ue	23 STREET				
CHY-S1-ZIP	OLDSMAR FL S	DELETE	2. 4 CITY-	ST-ZIP		Change	Addition
TITLE	MONTGOMERY, LESLIE	TH DECEN	3.1 TITLE	-		□ Change	L Addition
NAME	48851 GW BOTH AVE 962	60 Carl	3.2 NAME				
STREET ADDRESS	MIAMI FL	i represi inci	3.3 STREET				
CiTY-ST-ZIP	MIAMI FL	DELETE	3.4. CITY-	ST-ZIP		Change	Addition
Till(f		CT DECEIF	4.1 TITLE			Change	L_I Addition
NAME			4, 2 NAME				
STREET ADDRESS			4.3 STREE				
CITY-S1-ZIP		T Actor	4.4 CITY - 5	ST-2IP		Line	Augusta
TOLE		☐ DELETE	5.1 TITLE			Change	Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET				
CITY - ST - ZIP			54 CITY-	ST-ZIP		——————————————————————————————————————	
TITLE		☐ DELETE	61 T∤TLE			☐ Change	Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET	ADDRESS			
CITY-ST-Z-P			6.4 CITY - S	ST-ZIP			

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 exporation 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

SIGNATURE: