

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 # **F93000000697 (3)**

1. Corporation Name

AS NEVADA CORP.



Principal Place of Business: %JAY FELNER, 4770 TREE FERN DR., DELRAY BEACH FL 33445
Mailing Address: %JAY FELNER, 4770 TREE FERN DR., DELRAY BEACH FL 33445

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields for Suite, Apt. #, City & State, Zip, and Country.

3. Date Incorporated or Qualified: 02/09/1993
3a. Date of Last Report: 05/01/1995
4. FEI Number: 88-0259558
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

FELNER, JAY
4770 TREE FERN DR.
DELRAY BEACH FL 33445

81 Name: FELNER, JAY
82 Street Address (P.O. Box Number is Not Acceptable): 4770 TREE FERN DR.
83
84 City: DELRAY BEACH
85 Zip Code: FL 33445

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 removing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	DELETE
NAME	GOLDMAN, ROBERT U	
STREET ADDRESS	600 CENTRAL AVE., #365	
CITY-STATE-ZIP	HIGHLAND PARK IL	
TITLE	VD	DELETE
NAME	SCHWARTZBERG, ALBERT	
STREET ADDRESS	152 W 57TH STREET, 7TH FLOOR	
CITY-STATE-ZIP	NEW YORK NY	
TITLE	VD	DELETE
NAME	FELNER, JAY	
STREET ADDRESS	625 AUBURN CIRCLE WEST	
CITY-STATE-ZIP	DELRAY BEACH FL	
TITLE	VD	DELETE
NAME	LEFKOVITZ, IRVING D	
STREET ADDRESS	801 SKOKIE BLVD., #106	
CITY-STATE-ZIP	NORTHBROOK IL	
TITLE	VD	DELETE
NAME	NESHEK, THOMAS	
STREET ADDRESS	14 E. WALWORTH ST.	
CITY-STATE-ZIP	ELKHORN WI	
TITLE	STD	DELETE
NAME	WAGNER, SUSAN	
STREET ADDRESS	600 CENTRAL AVE., #365	
CITY-STATE-ZIP	HIGHLAND PARK IL 60035	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Change [] Addition [x]
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	60035
2.1 TITLE	Change [] Addition [x]
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	10019
3.1 TITLE	Change [] Addition [x]
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	33444
4.1 TITLE	Change [] Addition [x]
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	60062
5.1 TITLE	Change [] Addition [x]
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	53121
6.1 TITLE	Change [] Addition []
6.2 NAME	000001769080
6.3 STREET ADDRESS	-04/04/96--01030--019
6.4 CITY-STATE-ZIP	***200.00

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 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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-15-96 (847) 432-3666
Date: _____ Filing Fee: _____

CR2E034 (12/95)

11-8-96