


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

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Apr 08, 1999 8:00 am
Secretary of State

04-08-1999 90039 042 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # F93000000697
 1. Corporation Name
AS NEVADA CORP.

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address
21 c/o 600 Central Avenue **26 c/o 600 Central Avenue**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
22 Suite 365 **27 Suite 365**
 City & State City & State
23 Highland Park, IL **28 Highland Park, IL**
 Zip Country Zip Country
24 60035 **25 USA** **29 60035** **30 USA**

3. Date Incorporated or Qualified
02/09/1993

4. FEI Number Applied For
88-0259558 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 the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent
FELNER, JAY
4770 TREE FERN DR.
DELRAY BEACH FL 33445

10. Name and Address of New Registered Agent
81 Name
Jay Felner
82 Street Address (P.O. Box Number is Not Acceptable)
4182 Live Oak Boulevard
83
84 City **FL** **85 Zip Code**
Delray Beach **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 Jay Felner DATE 3/30/99
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	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLDMAN, ROBERT U	1.2 NAME	
STREET ADDRESS	600 CENTRAL AVE., #365	1.3 STREET ADDRESS	
CITY-ST-ZIP	HIGHLAND PARK IL 60035	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHWARTZBERG, ALBERT	2.2 NAME	
STREET ADDRESS	50 MAIN STREET SUITE 435	2.3 STREET ADDRESS	
CITY-ST-ZIP	WHITE PLAINS NY 10606	2.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FELNER, JAY	3.2 NAME	
STREET ADDRESS	625 AUBURN CIRCLE WEST	3.3 STREET ADDRESS	4182 Live Oak Boulevard
CITY-ST-ZIP	DELRAY BEACH FL 33444	3.4 CITY-ST-ZIP	Delray Beach, FL 33445
TITLE	VD <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEFKOVITZ, EDWIN	4.2 NAME	
STREET ADDRESS	26720 COUNTRY SIDE LAKE	4.3 STREET ADDRESS	34500 Fox Ridge Drive
CITY-ST-ZIP	MUNDELEIN IL 60060	4.4 CITY-ST-ZIP	Evergreen, CO 80439
TITLE	VD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NESHEK, THOMAS	5.2 NAME	
STREET ADDRESS	14 E. WALWORTH ST.	5.3 STREET ADDRESS	
CITY-ST-ZIP	ELKHORN WI 53121	5.4 CITY-ST-ZIP	
TITLE	STD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WAGNER, SUSAN	6.2 NAME	
STREET ADDRESS	600 CENTRAL AVE., #365	6.3 STREET ADDRESS	
CITY-ST-ZIP	HIGHLAND PARK IL 60035	6.4 CITY-ST-ZIP	

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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, with all other like empowered.

SIGNATURE: Robert U. Goldman March 22, 1999 (847) 432-3666
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/1/98)