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

PROFIT CORPORATION ANNUAL REPORT

1997

ASR ASSOCIATES, INC.



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J34559

(1)

FILED
May 07 1997 8:00am
Secretary of State

nilina Address	
IIIIOO AOOFESS	

Principal Place of Business 1283 LAKE DESSON POINT P.O. BOX 90849 LAKELAND FL 33805 US		1283 LAKE D P.O. BOX 90	Mailing Address 1283 LAKE DESSON POINT P.O. BOX 90849				1 1001100 0100 14111 01001 01101 01101 01011 01011 01011 01011 01011				
		lakeland f US	L 33805-9238				• Part land	14			
US		US	US				3. Date incorporated or Qualified 09/22/1986	Date Incorporated or Qualified 3a. Date of Last Report 06/05/1996			
	Place of Business	28. Mading A	28. Mailing Address				4. FEI Number	Applied For			
21		26	26				59-2740146 Not Applicate			lot Applicable	
Suite, Apt.	#, etc.	Suite, Ap	Suite, Apt. #, etc.				5. Certificate of Status Desired 38.75 Addition.			Additional	
22		27					o. Certificate of Status Desired		Fee F	equired	
City & Stat	e	City & Si	City & State				6. Election Campaign Financing	\$5.00 May Be			
23		28	† · · · · · · · · · · · · · · · · · · ·			Trust Fund Contribution			to Fees		
Zìp	Country Zip			Country			8. This corporation has liability for i			s. 199.032,	
24	25	29	29 30				Florida Statutes				
	9. Name and Address of Curre	ent Registered Age	ent				10. Name and Address of New Re	gistered	Agent		
	IVER PAUL R.				81	Name					
	B LAKE DEESON POINT				82	Street Adi	dress (P.O. Box Number is Not Acceptab	le)			
LAKI	ELAND FL 33805						,	-,			
					83						
					0.4	Oilu			10-1-2	0-1-	
					84	City		FL	85 Zip	Code	
office or r	to the provisions of Sections 607.05 registered agent, or both, in the Station familiar with, and accept the oblim	leinf Florida, Such i	channe was a	uthorizer	d by	the cornor:	rporation submits this statement for the pation's board of directors. Thereby accept	urpose of I the app	changing ointment as	its registered s registered	
SIGNATURE											
12,	Signature, typod or printed name of registered as	gert and title if applicable. NO DIRECTORS	(NO1)		d Age	of signature req	ured when reinstaling)	DATE	DIRECTO		
TITLE	PDT		DELETE	13.			ADDITIONS/CHANGES TO OFFIC	ERS ANL			
	WEAVER, PAUL R.	L	DETC 1E	1111					Change	Addition	
NAME ATTECT ADDRESS	1283 LAKE DEESON POINT			12 N/							
STREET ADDRESS	LAKELAND FL					ADDRESS					
CITY-ST-ZIP	DSV		T DY LETT	14 CI		r- 7iP			77.00	<u> </u>	
TITLE		L	DELETE	2110					☐ Change	Addition	
NAME	WEAVER, SANDRA D.			22 N/	\M[
STREET ADDRESS	1283 LAKE DEESON POINT			23 ST	REFL	ADDRESS					
CITY-ST-ZIP	LAKELAND FL		_	2.40	IIY-S	1 - 7IP					
TITLE		L	DELETE	3 1 111	Tt E				☐ Change	Addition	
NAME				32 NA	AME						
STREET ADDRESS				3 3 ST	REFT	ADDRESS					
CITY-ST-ZIP				3 4. CI	ITY - S	1 - ZIP					
TITLE			DELETE	4.1 11	TLF				Change	Addition	
NAME				4 2 N.	AME						
STREET ADDRESS				4.3 S1	REET	ADDRESS					
CITY-ST-ZIP				440	IY-SI	r- 7 IP					
TITLE		L	DELETE	51111	T L E				Change	Addition	
NAME				5.2 NA	\ME						
STREET ADDRESS				5.3 \$1	REEL	ADDRESS					
CITY-ST-ZIP				5401							
TITLE			DELETE	61 1/1					Change	Addition	
NAME		_		62 NA					3-		
STREET ADDRESS				4		ADDRESS					
CITY-ST-ZIP				6.4 CI							
OH FOR TER	1			■ 03 L	11:31	CONTRACT I					

4. 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 or this annual report or suppliemental 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 disclor of the corporlition of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 13 if charge 113 or an attachment with an address.

CIONATURE.

Paul Pulgan

A/26/99

94/1/82 9211