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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J34559 1. Corporation Name

NAME

STREET ADDRESS

CITY-ST-ZIP

ASR ASSOCIATES, INC.						3 (861) # \$186 hitts \$186 \$186 \$186	180 A(A) A(II)		41(\$15 () (\$5)	
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Principal Place	of Business	Mailing Address					- [IMBINIO BIOG HITE OLIDE BITOL OLID	ł feth bieżh bien	, Bibli Bieli Bi	Bit athii lati
1283 LAKE DESSON POINT 1283 LAKE DESSON POINT										
P.O. BOX 90849 P.O. BOX 90849 LAKELAND FL 33805 LAKELAND FL 33805							DO NOT WRITE IN THIS SPACE			
US US							3. Date Incorporated or Qualifed			
	<u> </u>						09/22/1986	 -		
Principal Place of Business Address Mailing Address						4. FEI Number 59-2740146	_	 	Applicable	
26 Suite, Apt. #, etc. Suite, Apt. #, etc.								\$8.75 A		
22 27						5. Certifcate of Status Desired		Fee Rec		
<u></u>			1. jus -4 4 = 4			6. Election Campaign Financing		\$5.00 N		
23		28					Trust Fund Contribution		Added to	Fees
Zip	Country	Zip	г	Country	/		8. This corporation owes the currer		igible ⊒Yes [₽No
24 25 29 30 9. Name and Address of Current Registered Agent				<u> </u>			Personal Property Tax. 10. Name and Address of New Re			2110
9. Name and Address of Current Registered Agent					Name	··········	The training area production and the second area area.	<u> </u>	,	
WEAVER PAUL R.			82	Stroo	t Addro	ss (P.O. Box Number is Not Acceptab	le)		_	
1283 LAKE DEESON POINT			02	31188	i Addres	agress (P.O. Box Number is Not Acceptable)				
LAKELAND FL 33805				83						
				84	City				85 Zip C	ode.
							tion automite this statement for the s	FL_	anging ite	registered
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.									istered	
SIGNATURE			naera:		-1 -1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -			DATE		
12.	Signature, typed or printed name of registered agent OFFICERS AND		NOTE: Ke	13.	nt signature	required v	when reinstating) ADDITIONS/CHANGES TO OFFI		DIRECTO	RS IN 12
TITLE	PDT	☐ DELET	E _	1.1 TITLE		:			Change	Addition
NAME	WEAVER, PAUL R.			1.2 NAME		Į				
STREET ADDRESS	1283 LAKE DEESON POINT			1.3 STREE	T ADDRES	s		-		
CITY-ST-ZIP				1.4 CITY-S	ST-ZIP	-			Change	Addition
TITLE	DS CANDDA D	☐ DELET	E	2.1 TITLE				1	change	
NAME	Weaver, Sandra D. 1283 Lake Deeson Point			2.2 NAME	T 4 DODEC					
STREET ADDRESS	LAKELAND FL			2.4 CfTY-:	TADDRES	1				
CITY-ST-ZIP		. DELET	E. <u>:</u>	-3.1 TITLE	01-21	1	<u> </u>	;'- [☐ Change	- Addition.
NAME	MCGEE, TED L			3.2 NAME						
STREET ADDRESS	2023 COMPANERO AVE			3.3 STREE	TADDRES	s				
CITY-ST-ZIP	ORLANDO FL 32804			3.4, CITY-	ST-ZIP					
TITLE		☐ DELET	E i	4.1 TITLE					Change	☐ Addition
NAME	•			4. 2 NAMÉ		_				
STREET ADDRESS					T ADDRES	s				
CiTY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·		E	4.4 CITY-S 5.1 TITLE	51-ZIP	+			Change	Addition
NAMÉ		، عدد ت	_	5.2 NAME				·	,	
STREET ADDRESS	•			5.3 STREE	TADDRES	s				J
CITY-ST-ZIP				5.4 CITY-5	ST-ZIP_			<u> </u>		
TITLE		☐ DELET	Ë	6.1 TITLE			*		Change	Addition
NAME	•			6.2 NAME		1	•			

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 angular 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 of 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 or an attachment with an address, with all other like empowered. SIGNATURE:

Mar 26, 1999 8:00 am Secretary of State

03-26-1999 90003 045 ***158.75