

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # K31730 (0)**

1. Corporation Name  
**ASK FINANCIAL, INC.**

Principal Place of Business  
**5800 NORTH ANDREWS AVENUE  
SUITE 200  
FORT LAUDERDALE FL 33309  
US**

Mailing Address  
**5800 NORTH ANDREWS AVENUE  
SUITE 200  
FORT LAUDERDALE FL 33309  
US**

**APPROVED  
AND  
FILED**

**95 APR 24 PM 2: 57**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

25 Country

29 Zip

30 Country

3. Date Incorporated or Qualified

**08/25/1988**

3a. Date of Last Report

**08/11/1994**

4. FEI Number

**65-0069593**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing

**\$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

**KORNBLUH, ALAN S.  
701 E. COMMERCIAL BLVD  
SUITE 400  
FORT LAUDERDALE FL 33334**

81 Name

**ALAN S. KORNBLUH**

82 Street Address (P.O. Box Number is Not Acceptable)

**5900 N. ANDREWS AVE**

83

**SUITE # 200**

84 City

**FT LAUD**

85 State

**FL**

86 Zip Code

**33309**

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PST**  
NAME **KORNBLUH, ALAN S.**  
STREET ADDRESS **701 E. COMMERCIAL BLVD**  
CITY - ST - ZIP **FORT LAUDERDALE FL**

1.1 TITLE **PST**  Change  Addition  
1.2 NAME **ALAN S. KORNBLUH**  
1.3 STREET ADDRESS **5900 N. ANDREWS AVE, SUITE 200**  
1.4 CITY - ST - ZIP **FT LAUD FL 33309**

TITLE **D**  
NAME **KORNBLUH, ALAN S.**  
STREET ADDRESS **701 E. COMMERCIAL BLVD**  
CITY - ST - ZIP **FORT LAUDERDALE FL**

2.1 TITLE **D**  Change  Addition  
2.2 NAME **ALAN S. KORNBLUH**  
2.3 STREET ADDRESS **5900 N. ANDREWS AVE SUITE 200**  
2.4 CITY - ST - ZIP **FT LAUD FL 33309**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP  Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

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 110.07(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 applicable, or on an attachment with an address.

SIGNATURE: *Alan S. Kornbluh* **ALAN S. KORNBLUH**

**4/19/95**

**305 771 3200**