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**PROFIT** CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISIÓN OF CORPORATIONS

**DOCUMENT #** 

P93000026527 (0)

A S ENTERPRISES, INC.

Principal Place of Business Mailing Address 784 US HWY 1 P O BOX 1973 **STE 14** JUPITER FL 33468-973 N PALM BEACH FL 33408 3a. Date of Last Report Date Incorporated or Qualified 04/09/1993 2. Principal Place of Business 2a. Mailing Address Applied For 65-0407489 21 26 Not Applicable Suite, Apt. #, etc \$8.75 Additional Suite Apt # etc 5. Certificate of Status Desired Fee Required 22 27 City & State Orty & State 6. Election Campaign Financing \$5.00 May Be 28 23 Trust Fund Contribution Added to Fees Ζφ Country Country 8. This corporation has liability for intangible tax under s. 199.032 24 25 29 Yes No 30 Flor da Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name SCOGGINS, ANNE Street Address (P.O. Box Number is Not Acceptable) 82 784 U.S. HIGHWAY 1, SUITE 14 SUITE 14 83 NORTH PALM BEACH FL 33408 84 Crty Zip Code 85 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 agent, or both, in the State of Florida State change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of Section 607.0505, Florida Statutes. SIGNATURE Signature typed or protect han old respited surgest and the diapplicate. the Mit. Hospitalised Agent Signature, sequencial whole to DATE OFFICERS AND DIRECTORS 12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. Ð TITLE DELETE In this SCOGGINS, ANNE NAME 1.2 NAME 784 U.S. HIGHWAY ONE, SUITE 14 STREET ADDRESS 1.3 STREE! ADDRESS NORTH PALM BEACH FL CITY - ST - ZIP 14 CITY - \$1 - 7(2) DELETE TITLE 2 1 THILE Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY - ST - ZIP 2.4 CITY - ST - ZIP DEVELE Change Addition TITLE 3 1 TITLE NAME 3.2 NAME

CHTY - ST - ZIP 6.4 CITY - 51 - 7/2 14. I do hereby certify that the information supplied with this fing 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 orinual 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 forever or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block or on an attachment with an address

SIGNATURE

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