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Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90170 017 ***150.00

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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # P95000002357

ASCOT	international invest, in	IC.								
Principal Place	e of Business	Mailing Address					1 18 10 11 10 10 10 10 1	HI HO III Bu iki b i	111 0 1110 1110 1	1864 HOUR FOOL
280 SE 11TH ST						İ				
US FT LAUDERDALE FL 33334			4				DO NOT WRIT	TE IN THIS	SPACE	
		US				3.	Date Incorporated or Qualifed			
			_				01/09/1995			
2. Principal P	lace of Business	2a. Mailing Address		•		4.	FEI Number		App	lied For
21							65-0547644		Not	Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.						5	Certifcate of Status Desired		\$8.75 A	
22 27									Fee Rec	
	City & State City & State						Election Campaign Financing		\$5.00 h	
23							Trust Fund Contribution		Added to	Fees
Zip	Country	Zip		ıntry		8.	This corporation owes the curr	ent year Inta		l
24	25	29	30	_			Personal Property Tax.			□No
	9. Name and Address of Current	t Registered Agent		81	Name	10.	Name and Address of New F	registereu »	gent	
REN	z, heinz			01	Name					
280 SE 11TH ST				82	Street Add	iress (P	O. Box Number is Not Accepta	able)		
POMPANO BCH FL 33060				83	ļ <u> </u>			 "		
1 0111	IT ALLO BOTT TE GOGGO			83						}
				84 City				FL	85 Zip C	ode
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statu	tes, the a	bove	e-named cor	poration	submits this statement for the	purpose of o	hanging its r	registered
l office or n	registered agent, or both, in the State of m familiar with, and accept the obligat	of Florida. Such change was a	authorized	d by	the corporat	ion's bo	pard of directors. I hereby accep	ot the appoin	tment as reg	istered
SIGNATURE								DATE		
	Signature, typed or printed name of registered agen OFFICERS AN		E: Registered	1 Agen	nt signature requir		einstating) ADDITIONS/CHANGES TO OF		DIRECTOR	2S IN 12
TITLE	PTD OFFICERS AN	D DIKECTORS DELETE	1.1 11	ΠF			ADDITIONS/CITANGES TO OF	I ICENO AN	Change	Addition
	SCHEUBLE, ALWIN J	[1							_
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CITY-ST-ZIP	VD	☐ DELETE	1.4 C	TY-S	I-ZIP				Change	Addition
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NAME										
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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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP