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

PROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE

	UAL REPO 1996	JRI (Secre DIVISION OI	etary of State F CORPORA					
DOCU 1. Corporation	MENT	# S092	58	(2)						
ASSE	T SPECIAL	LISTS, INC.								
Principal Plac	e of Business		Ma	alling Address						
	NTH AVE., N.			1799 SEVENTH AVE	N					
LAKE WOR	TH FL 33461		l	LAKE WORTH FL 334						
US			•	US			3. Date Incorporated or O	ualified	3a. Date of Last R	eport
		***************************************	<u>.</u>				10/02/1990		04/26/19	
	Place of Busine	988	<u></u> ⊢–-1	Mailing Address			4. FEI Number 65-0223764		ļļ-	Applied For
Suite, Apt	#, etc		26	Suite, Apt. #, etc.					\$8.75	Not Applicable Additional
2			27				5. Certificate of Status De	sired		Required
City & Sta	te		28	City & State			Election Campaign Fina Trust Fund Contribution	_	1 1	O May Be d to Fees
Zip		Country		Ziρ	Cour	ntry	8. This corporation has lial		angible tax under s	·
24		25	29		30			Yes	<u> </u>	
	9. Name	and Address of Curr	ent Regist	tered Agent		81 Name	10. Name and Address o	f New Reg	gistered Agent	
GIRCO	N TUONAS	D								
	n, Thomas Lver sands					82 Street Ade	dress (P.O. Box Number is Not A	(cceptable))	
	NA FL 3346				-	83				
		-				1				
					ļ-	DA Cit.			105 7	- 0-3-
11. Pursuant or registe	to the provision	ons of Sections 607.05 both, in the State of Fic	02 and 607 orida. Such	7.1508, Florida Statu change was authori,		84 City /e-named corporporation's bo	oration submits this statement fo	r the purpo	FLI	p Code registered offic Lagent, Lam
SIGNATURE		or printed name of registered ag	ent and title if a	ppicable (N	tes, the above zed by the cost. OTE: Registered A	re-named corporporation's bo	oration submits this statement fo lard of directors. I hereby accept ired when renstating:		Description of the control of the co	registered offic Lagent. Lam
SIGNATURE			ent and title if a	ppicable (N	tes, the above zed by the cost.	ve-named corporporation's bo			Description of the control of the co	registered offic I agent. I am
SIGNATURE 12. Title	Signature, typed o	or printed name of registered ag	ent and title if a	ppicable (N	tes, the above zed by the cost. OTE: Registered A	ve-named corporporation's bo	ired when reinstating:		DSE of changing its interest as registered	egistered offic I agent. I am DRS IN 12
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SIGNATURE: NOME OF SIGNING OFFICER OR DIRECTOR

422/94 Dayline Phone 6

CR2E034 (12/95)