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FILED
May 12 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 196964

(1)

1. Corporation Name

ASCHER -NORMAN- & ASSOCIATES INC

Principal Place of Business

46 N E 6TH ST
MIAMI FL 33132

Mailing Address

46 N E 6TH ST
MIAMI FL 33132-1919

2. Principal Place of Business

21 470C ANSIN BLVD.

Suite, Apt. #, etc.

22

City & State

23 HALLANDALE, FL 33009

Zip

24 33009

Country

25 US

2a. Mailing Address

26 470C ANSIN BLVD.

Suite, Apt. #, etc.

27

City & State

28 HALLANDALE, FL 33009

Zip

29 33009

Country

30 US

9. Name and Address of Current Registered Agent

CUBBEDGE, PHILLIP B.
46 NE 6TH ST.
MIAMI FL 33132

3. Date Incorporated or Qualified

10/22/1956

3a. Date of Last Report

04/05/1996

4. FEI Number

59-0785723

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be

Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes

No

10. Name and Address of New Registered Agent

81 Name

B. CUBBEDGE PHILLIPS

82

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

83

470C ANSIN BLVD.

84

City

HALLANDALE

FL

85

Zip Code

33009

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 resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

PD
PHILLIPS, B.C.
135 N.E. 43 STREET
MIAMI, FL 00000

DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

D
PHILLIPS, M.N.
135 N E 43RD ST
MIAMI, FL 00000

DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

VP
PHILLIPS, B C II
1100 NE 131 ST
MIAMI FL

DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

T
PHILLIPS, R. L.
1589 N.E. 110TH STREET
MIAMI FL

DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

14. I do 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.

SIGNATURE:

[Signature]

4/23/97 9544551011

CR2E034 (9/96)