

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 473437

(2)

1. Corporation Name

ASA PRODUCTS OF AMERICA, INC.



Principal Place of Business

Mailing Address

140 ROYAL PALM WAY
P O BOX 2735
PALM BCH. FL 33480

140 ROYAL PALM WAY
P O BOX 2735
PALM BCH. FL 33480

2. Principal Place of Business

2a. Mailing Address

21 1400 Centrepark Blvd
Suite, Apt. #, etc.
860

26 6215 So. Flagler Dr.
Suite, Apt. #, etc.

22 City & State
23 W. Palm Beach, FL
Zip
24 33401

27 City & State
28 W. Palm Beach, FL
Zip
29 33405

25 USA

30

3. Date Incorporated or Qualified

04/02/1975

3a. Date of Last Report

02/22/1995

4. FEI Number

59-1594932

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BURNS, JOHN L.

140 ROYAL PALM WAY
PALM BCH. FL 33480

6215 So. Flagler Dr.
W. Palm Beach, FL
33405

81 Name

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

6215 So. Flagler Dr.

83

84 City W Palm Beach

FL

85 Zip Code 33405

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 the corporation

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME BURNS, JOHN L.
STREET ADDRESS 6215 SOUTH FLAGLER DRIVE
CITY-STATE-ZIP WEST PALM BEACH FL 33405

1.1 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-STATE-ZIP

TITLE S
NAME GALLOWAY, JO-ANNE
STREET ADDRESS 4039C PALM BAY COR.
CITY-STATE-ZIP WEST PALM BEACH FL

2.1 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

3.1 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

4.1 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

5.1 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

6.1 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-STATE-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 119.07(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 changed or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/18/96 407-651-7776

CR2E034 (12/95)