

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Jan 17 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **473437** (2)

1. Corporation Name  
**ASA PRODUCTS OF AMERICA, INC.**

Principal Place of Business

Mailing Address

**1400 CENTREPARKE BLVD  
SUITE 660  
WEST PALM BEACH FL 33401  
US**

**6215 SOUTH FLAGLER DRIVE  
WEST PALM BEACH F 33405  
US**



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

24 Country

28 Zip

29 Country

25

30

3. Date Incorporated or Qualified

**04/02/1975**

3a. Date of Last Report

**03/05/1996**

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.  
6215 SOUTH FLAGLER DRIVE  
WEST PALM BEACH FL 33405**

81 Name

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

83

84 City

**FL**

85 Zip Code

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 fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE  
NAME **BURNS, JOHN L.**  
STREET ADDRESS **6215 SOUTH FLAGLER DRIVE**  
CITY-ST-ZIP **WEST PALM BEACH FL**

1.1 TITLE **VP-D** ☐ Change ☒ Addition  
1.2 NAME **Lois E. Burns**  
1.3 STREET ADDRESS **6215 South Flagler Drive**  
1.4 CITY-ST-ZIP **West Palm Beach, Florida 33405**

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

2.1 TITLE **S** ☐ Change ☒ Addition  
2.2 NAME **Lisa D. Vogler**  
2.3 STREET ADDRESS **103 S.E. 34th Avenue**  
2.4 CITY-ST-ZIP **Boynton Beach, Florida 33435**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**JOHN L. BURNS**

Date

Daytime Phone

**1/15/97 (561) 687-2003**

0521543

CR2E034 (9/96)