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

APPROVED
AND
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1998 MAY 13 [illegible]

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT
CORPORATION
ANNUAL REPORT
1998

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

DOCUMENT # 517147 (5)

1. Corporation Name
ASH PROPERTIES, INC.

Principal Place of Business	Mailing Address
13947 Beach Boulevard, Suite 210 Jacksonville, FL 32224	13947 Beach Blvd., Suite 210, Jacksonville, FL

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 32224 10/25/1976

2. Principal Place of Business	2a. Mailing Address	4. FEI Number: 59-1741826	☐ Applied For ☐ Not Applicable
21	26		
Suite, Apt. #, etc 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired ☒	**$8.75** Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
Zip 24 / Country 25	Zip 29 / Country 30	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent

Ash, Mike
2294-24 Mayport Road
Atlantic Beach, FL 32233

10. Name and Address of New Registered Agent

81 Name: Ash, Mike
82 Street Address (P.O. Box Number is Not Acceptable): 13947 Beach Blvd., Suite 210
83
84 City: Jacksonville FL 85 Zip Code: 32224

11. Pursuant to the provisions of Section(s) 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. The 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] Mike Ash 5/13/98
Signature of Current Registered Agent (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Ash, Mike 469-9 Atlantic Blvd. Atlantic Bch, FL 00000	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PD Ash, Mike 13947 Beach Blvd., Suite 210 Jacksonville, FL 32224	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Ashourian, Elaine 2294-24 Mayport Road Jacksonville, FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	D Ashourian, Elaine 13947 Beach Blvd., Suite 210 ~~Jacksonville, FL 32224~~	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	100002523461--7	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

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 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 added to the report with an address.

SIGNATURE: [signature] Mike Ash 5/13/98 (904) 249-5000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/97)

THE UNITED STATES CORPORATION COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 817768 ~~10911A~~

AUTHORIZATION : Patricia Pizzuto

COST LIMIT : $ 558.75

ORDER DATE : May 13, 1998

ORDER TIME : 12:12 PM

ORDER NO. : 817768-005

CUSTOMER NO: 10911A

CUSTOMER: Cheryl Sassard, Legal Asst
Ansbacher & Schneider, P.a.
Suite 100
4215 Southpoint Boulevard
Jacksonville, FL 32216

ANNUAL REPORT FILING

NAME: ASH PROPERTIES, INC.

RECEIVED
98 MAY 13 2:18
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Lynette Coleman

EXAMINER'S INITIALS: _____