

2000 UNIFORM BUSINESS REPORT (UBR)

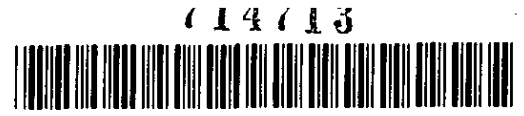
DOCUMENT # F23549

1. Entity Name
ASSOCIATED INVESTMENT CORPORATION

FILED
Feb 21, 2000 8:00 am
Secretary of State

02-21-2000 90005 038 ***150.00

Principal Place of Business Mailing Address
415 SOUTH FEDERAL HWY 415 SOUTH FEDERAL HWY
PO BOX 247 PO BOX 247
DANIA FL 33004 DANIA FL 33004-0247



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number Applied For
59-2071440 Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
ADMIN CORP.
415 SOUTH FEDERAL HIGHWAY
DANIA FL 33004

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	S	<input type="checkbox"/> Delete
NAME	CHAMPAGNE, NICOLE	
STREET ADDRESS	3251 SW 65TH AVE.	
CITY-ST-ZIP	MIRAMAR FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	GOODMAN, MURRAY M	
STREET ADDRESS	413 S FEDERAL HWY	
CITY-ST-ZIP	DANIA, FLORIDA 33004	
TITLE	D	<input type="checkbox"/> Delete
NAME	VINCZE, JERRY	
STREET ADDRESS	7311 NW 37TH ST	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Nicole Champagne Date: 2/10/00 Daytime Phone #: 954 920-2727
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)