

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

FILED

Feb 18 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 # F93000000697 (3)

1. Corporation Name
AS NEVADA CORP.

Principal Place of Business
%JAY FELNER
4770 TREE FERN DR.
DELRAY BEACH FL 33445

Mailing Address
%JAY FELNER
4770 TREE FERN DR.
DELRAY BEACH FL 33445-7026



3. Date Incorporated or Qualified 02/09/1993
3a. Date of Last Report 04/04/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number 88-0259558
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

FELNER, JAY
4770 TREE FERN DR.
DELRAY BEACH FL 33445

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 title 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
NAME GOLDMAN, ROBERT U
STREET ADDRESS 600 CENTRAL AVE., #365
CITY-ST-ZIP HIGHLAND PARK IL 60035

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE VD
NAME SCHWARTZBERG, ALBERT
STREET ADDRESS 152 W 57TH STREET, 7TH FLOOR
CITY-ST-ZIP NEW YORK NY 10019

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE VD
NAME FELNER, JAY
STREET ADDRESS 625 AUBURN CIRCLE WEST
CITY-ST-ZIP DELRAY BEACH FL 33444

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

TITLE VD
NAME LEFKOVITZ, IRVING D
STREET ADDRESS 801 SKOKIE BLVD., #106
CITY-ST-ZIP NORTHBROOK IL 60062

4.1 TITLE VD
4.2 NAME Lefkovitz, Edwin
4.3 STREET ADDRESS 26720 Country Side Lake
4.4 CITY-ST-ZIP Mundelein, IL 60060

TITLE VD
NAME NESHEK, THOMAS
STREET ADDRESS 14 E. WALWORTH ST.
CITY-ST-ZIP ELKHORN WI 53121

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

TITLE STD
NAME WAGNER, SUSAN
STREET ADDRESS 600 CENTRAL AVE., #365
CITY-ST-ZIP HIGHLAND PARK IL 60035

6.1 TITLE
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

1/9/97 (847) 432-3666

Date

Daytime Phone #

CR2E034 (9/96)