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FILED  
Apr 17 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

Mailing Address

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

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/09/1993

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

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

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

50 Main Street, Suite 435  
White Plains, NY 10606

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, EDWIN  
STREET ADDRESS 26720 COUNTRY SIDE LAKE  
CITY-ST-ZIP MUNDELEIN IL

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

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 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.

4/3/98

(847) 432-3666

CR2E034 (10/97)