

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**DOCUMENT # F93000000697**

1. Entity Name

AS NEVADA CORP.



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 APR -6 PM 5:15

Principal Place of Business

C/O 600 CENTRAL AVE  
SUITE 365  
HIGHLAND PARK IL 60035

Mailing Address

C/O 600 CENTRAL AVE  
SUITE 365  
HIGHLAND PARK IL 60035

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

88-0259558

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FELNER, JAY  
4182 LIVE OAK BLVD  
DELRAY BEACH FL 33445

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition  
400032759364  
04/14/04--01060--001 \*\*150.00

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VD  
SCHWARTZBERG, ALBERT  
50 MAIN STREET SUITE 436  
WHITE PLAINS NY 10606 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☒ Change ☐ Addition  
44 South Broadway, Suite 614  
White Plains, NY 10601

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VD  
FELNER, JAY  
4182 LIVE OAK BLVD  
DELRAY BEACH FL 33445 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VD  
LEFKOVITZ, EDWIN  
253 E. DELAWARE, #10B  
CHICAGO IL 60611 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

Robert U. Goldman

3/22/2004

(847) 432-3666

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

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