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PROFIT **CORPORATION** ANNUAL REPORT

1996



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

DOCUMENT #	F94000002232	(6))
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1. Corporation	ASING SERVICES, INC.	<i>,</i>	02202 (0	')						11 1/11 5 1/ 1 0/11 6 1
Principal Place	e of Business	M	lai'ing Address				I IDANIDO MAD IDAN DIDIL DOMI HAM			
1000 CORPORATE DR 1000 CORPORATE (1000 CORPORATE DE FT LAUDERDALE FL (
							3. Date Incorporated or Qualified 04/29/1994	3a. Date of 04/ 2	f Last R 27/19:	
	lace of Business		. Mailing Address				4. FEI Number		\vdash	Applied For
Suite, Apt.	# etc.	26	Suite, Ant #, etc.	- -			65-0464496			Not Applicable
22		27	deno, ryn a. c.c.				5. Certificate of Status Desired			5 Additional Required
City & State	е		City & State				6. Election Campaign Financing			May Be
23 Zn	T County	28	- <u>-</u>				Trust Fund Contribution		Adde	d to Fees
Ζιρ 24	Country 25	29	Zip	Country 30	4		8. This corporation has liability for Florida Statutes X Yes	intangible tax t ∷ ∏No	under s	199.032,
	9. Name and Address of Curre		tered Agent	301			10. Name and Address of New F		ent	
· · · · · · · · · · · · · · · · · · ·				81	Name		IQ. trame and required or train.	legistered rig		WW.4.
	RPORATION SYSTEM			62	Stree	I Addres	ss (P.O. Box Number is Not Acceptab	olai		
	PINE ISLAND RD						55 (F.O. DON FAURIDO: 15 FAOI PIOCOPILLO	ne)		
PLANTA	ITION FL 33324			83						
				84	City				85 Zı	p Code
11 Pursuant t	to the provisions of Sections 807.050	10 and 60	7 1500 Clauly Chat. d	to the obour	cal					
or register	to the provisions of Sections 607,050 red agent, or both, in the State of Fior th, and accept the obligations of, Sec	rida Such	7. 1506, monua Statut 1 change was authoriz	.es, the above- sed by the corp	named i poration	corporau s board	ion submits this statement for the pur of directors. Thereby accept the appi	pose of chang ointment as re	ing its r gistered	registered office : flagent, flam
SIGNATURE	т, али ассерстве оонданоть от эес	and our	U505. Florida Statutes	\$.						•
	Signature, typed or printed name of registerist ager	randiselfa	Aprophication (Ne	TIE Brigistered Age	n signa are	recorred w	her rompating)	DATE		
12.	OFFICERS AN	VE) DIREC	TORS	13.			ADDITIONS/CHANGES TO OFF		REGIC	DRS IN 12
FIFLE	PD CARSON, JOHN C		DELETE	1 1 TITLE					Change	Addition
NAME STOCKT ADODGEG	1000 CORPORATE DR			1.2 NAME						
STREET ADDRESS CITY-ST-ZIP	FT LAUDERDALE FL 3333	34		1.3.STRFE1						
TITLE	V		DELETE	2 1 TITLE	S! - ZIP	· 			Change	Addition
NAME	THOMAS, KENNETH A		[]	2 2 NAME				μ,	Change	Addition
STREET ADDRESS	1000 CORPORATE DR			2 3 STREET	FADDRESS	1				
CITY-ST-ZIP	FT LAUDERDALE FL 3333	}4		2 4 CITY - S						
TITLE	V		☐ DELETE	3 1 Till.5		V		[X]	Change	Addition
NAME	GROWE, ROBERT			3.2 NAME		Cro	owe, Robert J.			
STREET ADDRESS	900 3RD AVE 31ST FLOOR			3.3 STREE	T ADDRESS	900	Third Ave., 31st	Floor		
C(TY-ST-2)P	NEW YORK NY			3 4 CITY - S	ST-ZIP	Nev	W York, NY 10022			
TITLE	D LEVATO, JOSEPH A		DELETE	4. 1 TITUE					Change	☐ Add∢ion
NAME STREET ADDRESS	900 THIRD AVE			4.2 NAME						
CITY-ST-ZIP	NEW YORK NY 10022)		4.3 STREET						
TITLE	VS		DELETE	4.4 CITY - S 5.1 TITLE	31 - ZIP			[7]	Obsons	- Addition
NAME	GIMSON, CURTIS S			5.2 NAME				L,	Change	Addition
STREET ADDRESS	1000 CORPORATE DR			5 3 STREET	ADDRESS					
CITY-ST-ZIP	FT LAUDERDALE FL 333	334		5.4 C-TY - S						
TITLE	Vī		DELETE	6 1 TITLE		<u> </u>			Change .	Addition
NAME	SHULTZ, THOMAS E			6.2 NAME				_		
STREET ADDRESS	900 THIRD AVE			63 STREET	ADDRESS					
C(TY. SE. 2(P	NEW YORK NY 10022			0.1.0(7): 4	r 200	1				

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 enspowered 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:

Robert J. Crowe, Assistant Vice President—Taxes

4/24/96 212–230–31

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/96 212-230-3115 Daytone Phone ▼