

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90207 037 ***150.00

DOCUMENT # F96000004973

1. Corporation Name

A.S. GOLDMEN & CO., INC.



Principal Place of Business

99 WOOD AVENUE SOUTH
312
ISELIN NJ 08830
US

Mailing Address

99 WOOD AVE. SOUTH
STE. 312
ISELIN NJ 08830
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/26/1996

4. FEI Number

11-2918865

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 the current year Intangible
Personal Property Tax.

☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 2 Bridge Ave, 2nd Floor

26 2 Bridge Ave, 2nd Floor

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 The Galleria, Bldg 1

27 The Galleria, Bldg 1

City & State

City & State

23 Red Bank, NJ

28 Red Bank, NJ

Zip

Country

Zip

Country

24 07701

25 USA

29 07701

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MARCHIANO, ANTHONY
1100 5TH AVE. SOUTH
NAPLES FL 34102

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

501 Goodlette Road

83

Suite C 210

84 City

Naples

FL

85 Zip Code

34102

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

Anthony Marchiano, President

4-28-99

DATE

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

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE CP ☐ DELETE

NAME MARCHIANO, ANTHONY

STREET ADDRESS 1100 5TH AVE. SOUTH

CITY-ST-ZIP NAPLES FL 34102

TITLE CV ☐ DELETE

NAME WINKLER, STUART

STREET ADDRESS 99 WOOD AVE. SOUTH STE. 312

CITY-ST-ZIP ISELIN NJ 08830

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☒ Change ☐ Addition

501 Goodlette Road Suite C210
Naples, FL 34102

☒ Change ☐ Addition

2 Bridge Ave, 2nd Floor Galleria
Red Bank, NJ 07701

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE:

Stuart Winkler

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-99

Date

732-530-5797

Daytime Phone #

CR2E034 (1/98)